

| | | | | |
|---|---------------------------------------|--|--|--|
| Name in Full <i>Wm E. Barbeau</i> | | CERTIFICATE OF DEATH | | |
| Died at <i>Hagerstown</i> Town | | <i>Washington</i> County | | |
| Date of death <i>1908</i> Month <i>4</i> Day <i>30</i> | | Age <i>18</i> Years Months <i>2</i> Days <i>23</i> | | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | Birth-place <i>Mass</i> | |
| Occupation <i>Musician</i> | | Where Residing if not at place of death <i>Rhode Island</i> | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband | | | |
| Father's Name <i>Alfred G. Barbeau</i> | Father's Birthplace <i>Canada</i> | | | |
| Mother's Maiden Name <i>Isabel G. Thornton</i> | Mother's Birthplace <i>N. Y.</i> | | | |
| Name of person giving information <i>Isabel G. Thornton</i> | How related to deceased <i>Mother</i> | | | |
| TO BE ANSWERED BY NEAREST FRIEND | | CAUSES OF DEATH | | |
| | | <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">27</div> | | |
| PHYSICIAN OR CORONER | | Primary <i>Pulmonary tuberculosis</i> | How long <i>(?)</i> | |
| | | Immediate <i>Exhaustion</i> | How long <i>3-4 months</i> | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Volstead</i> | |
| | | Address <i>Hagerstown</i> | | |
| Accident or Suicide? <i>no</i> | | | | |

W
May 1

Name
in
Full

Harland Croft Barnhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | |
|---|--|---|--------------------------|
| Died at <i>Ringgold</i> ^{Town} | | <i>Washington</i> ^{County} <i>Co</i> | |
| Date of death <i>1908</i> ^{Month} <i>April</i> ^{Day} <i>2</i> | Age <i>2</i> ^{Years} | <i>8</i> ^{Months} | <i>5</i> ^{Days} |
| Sex <i>Male</i> | Color or Race <i>White American</i> | Birth-place <i>Waynesboro, Pa.</i> | |
| Occupation <i>nr</i> | Where Residing if not at place of death <i>Ringgold, Md.</i> | | |
| Married, Single or Widowed <i>single</i> | Name of Wife or Husband | | |
| Father's Name <i>Clarence Barnhart</i> | Father's Birthplace <i>Penna.</i> | | |
| Mother's Maiden Name <i>May Miller</i> | Mother's Birthplace <i>Waynesboro</i> | | |
| Name of person giving information <i>Clarence Barnhart</i> | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Broncho Pneumonia</i> | How long <i>7 days</i> |
| Immediate <i>Broncho Pneumonia</i> | How long <i>7 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. W. Croft</i> |
| | Address <i>Waynesboro Pa</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

| | | | | | | | |
|----------------------------|--|------------------------------------|--|---|--|-------------------------|--|
| Still Born Infant Barnhart | | Town | | County | | MARYLAND | |
| Died at | | Hancock | | Washington | | | |
| Date | | Month | | Day | | Years | |
| of death | | 1908 | | April | | 28 | |
| Sex | | Color or Race | | Age | | Months | |
| | | White | | | | | |
| Occupation | | Birthplace | | Where Residing if not at place of death | | Died at home. | |
| | | Hancock | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | Father's Name | | Father's Birthplace | |
| | | | | Elwood Barnhart | | Hancock Pa. | |
| Mother's Maiden Name | | Name of person giving In formation | | Mother's Birthplace | | How related to deceased | |
| Beessie M. Custer | | W. M. Cuthage | | Md. | | None. | |
| | | | | | | | |

Dr. Stegers

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

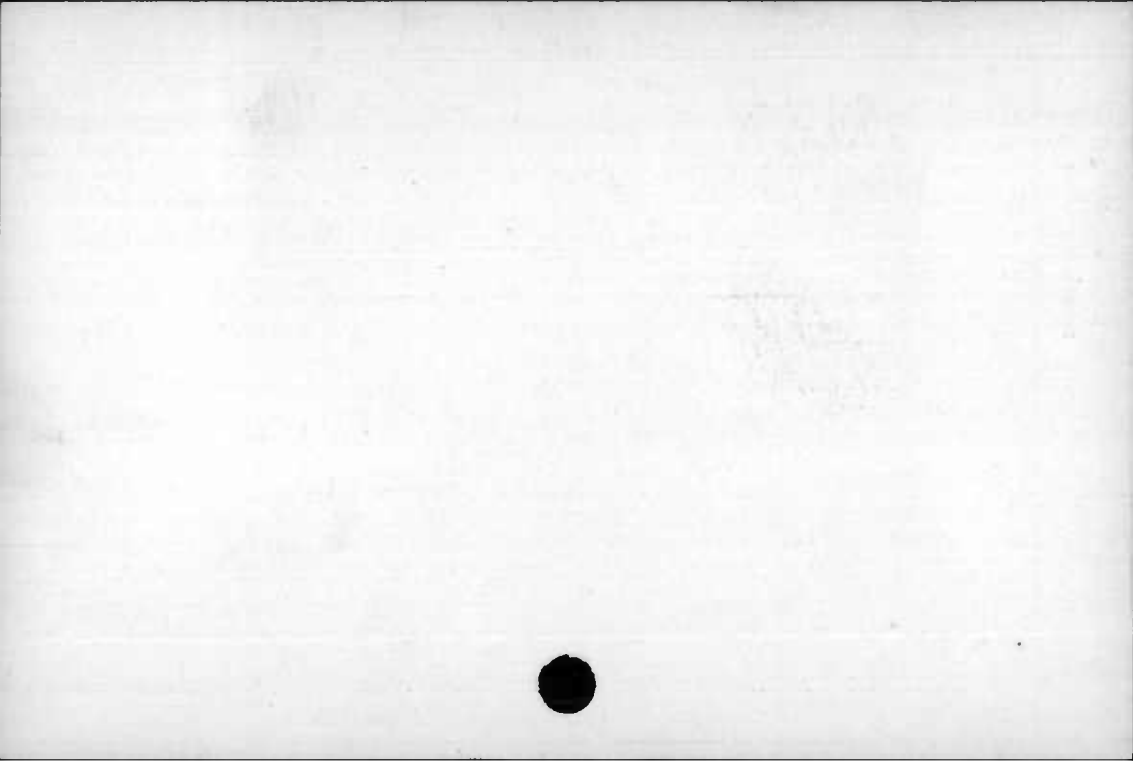
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|-------------------------------|--|--------------------|--|
| Name in Full <i>Franklin E. Beckwith</i> | | Town <i>Mercerville</i> | | County <i>Stash</i> | | MARYLAND | |
| Died at <i>Mercerville</i> | | Month <i>April</i> | | Day <i>23</i> | | Years <i>55</i> | |
| Date of death <i>1908</i> | | Months <i>2</i> | | Days <i>6</i> | | | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birthplace <i>Maryland</i> | | | |
| Occupation <i>Laborer</i> | | Where Residing if not at place of death <i>"</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>Elenora Beckwith</i> | | | | | |
| Father's Name <i>Unknown</i> | | Father's Birthplace <i>Unknown</i> | | | | | |
| Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace <i>Unknown</i> | | | | | |
| Name of person giving information <i>Jeremiah Knudsen</i> | | How related to deceased <i>Brother in law</i> | | | | | |

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Myocarditis ?</i> | How long <i>?</i> |
| Immediate <i>Sudden Heart failure</i> | How long <i>Instantaneous</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>B. M. Reichard</i> |
| <i>J</i> | Address <i>Fairplay</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-------------|---------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Died at <i>Howardsville</i> ^{Town} | | <i>Trach.</i> ^{County} | | MARYLAND | |
| Date of death | <i>1908</i> | <i>4</i> ^{Month} | <i>18</i> ^{Day} | Age <i>1</i> ^{Years} | <i>1</i> ^{Months} |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | |
| Occupation | <i>None</i> | | Birth-place | <i>Howardsville</i> | |
| Where Residing if not at place of death | | | <i>Dies at home</i> | | |
| Married, Single or Widowed <i>—</i> | | | Name of Wife or Husband <i>—</i> | | |
| Father's Name <i>Irvin Bitner</i> | | | Father's Birthplace <i>West Va.</i> | | |
| Mother's Maiden Name <i>Ida E. Mallatt</i> | | | Mother's Birthplace <i>" "</i> | | |
| Name of person giving information <i>Lila M. Bitner</i> | | | How related to deceased <i>Sister</i> | | |

CAUSES OF DEATH

179

PHYSICIAN
OR CORONERPrimary *Infection*

How long

Immediate

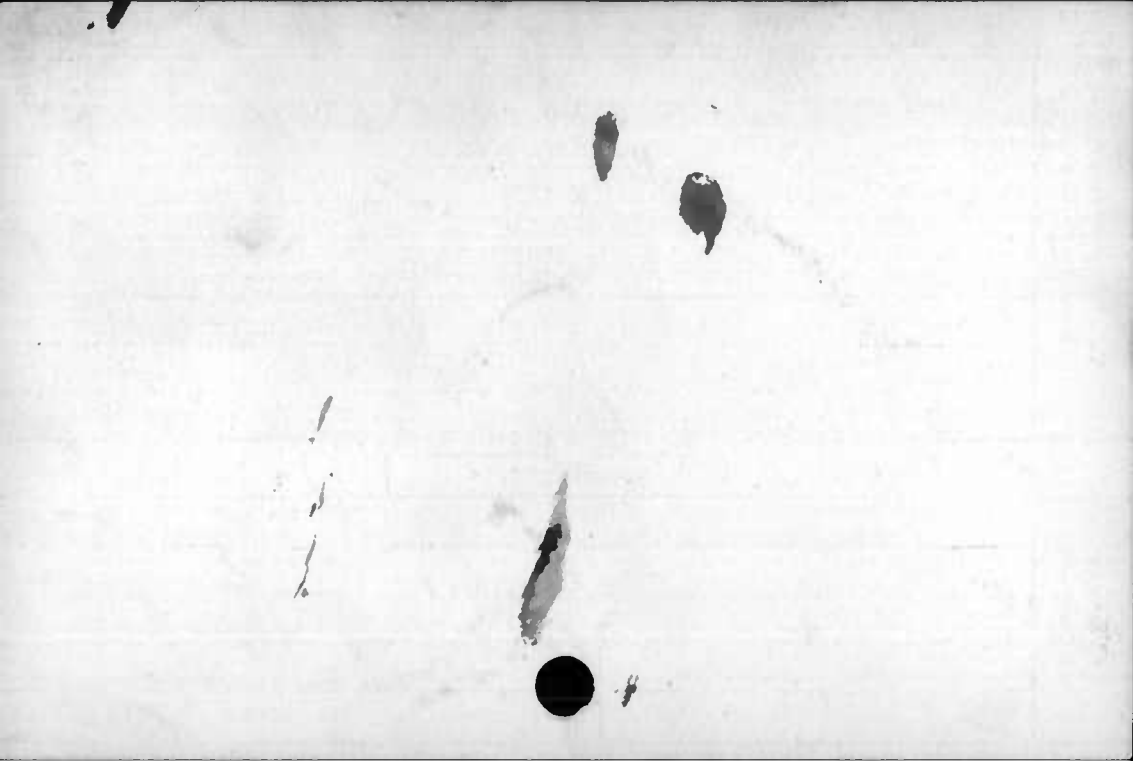
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

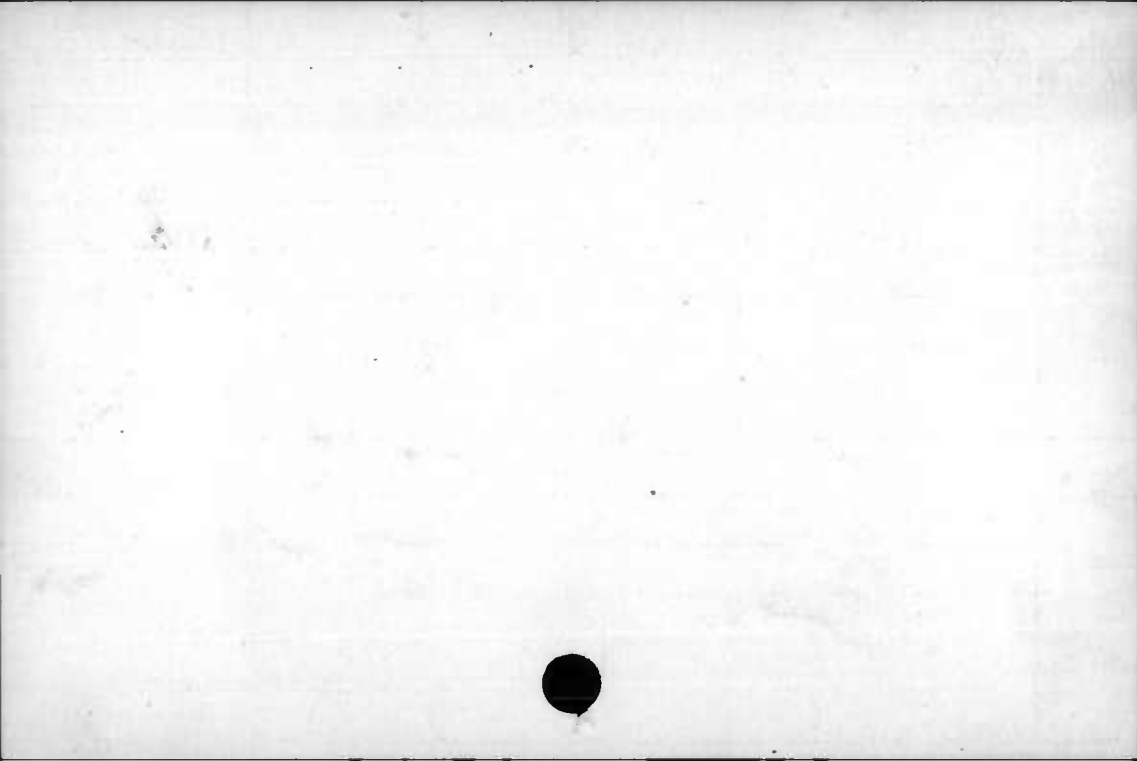
| | | | | | | | |
|--|--|--|--|---|--|--|--|
| Name in Full <i>A. H. Bowers</i> | | Town <i>Leitersburg</i> | | County <i>Washington</i> | | State <i>MARYLAND</i> | |
| Died at <i>Leitersburg</i> | | Month <i>4</i> | | Day <i>19</i> | | Age Years <i>78</i> Months <i>9</i> Days <i>4</i> | |
| Date of death <i>1908</i> | | Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Greenburg</i> | |
| Occupation <i>Farmer</i> | | | | Where Residing if not at place of death <i>Leitersburg Md.</i> | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>A. H. Bowers</i> | | | | | |
| Father's Name <i>Jacob Bowers</i> | | | | Father's Birthplace <i>Wash. Co.</i> | | | |
| Mother's Maiden Name <i>Annie Kahler</i> | | | | Mother's Birthplace <i>Wash. Co.</i> | | | |
| Name of person giving information <i>P. A. Bowers</i> | | | | How related to deceased <i>Son</i> | | | |

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------------|--|-------------------|
| Primary | <i>Cancer of the penis</i> | How long | <i>Four years</i> |
| Immediate | <i>Cancer of the big toe</i> | How long | <i>Two years</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>J. H. Wishard</i> | |
| | | Address <i>Leitersburg Md.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|-----------------------------------|-----------------------|-------|---|------------------------|-----------|-------------------------|-----------------|----------|--------|
| Died at <i>Hagerstown</i> | | Town | | <i>Washington</i> | | County | | MARYLAND | |
| Date of death | <i>1908</i> | Month | <i>4</i> | Day | <i>10</i> | Age | <i>68</i> | Years | Months |
| Sex | <i>Male</i> | | Color or Race | <i>Colored</i> | | Birth-place | <i>md</i> | | |
| Occupation | <i>Laborer</i> | | Where Residing if not at place of death | | | | | | |
| Married, Single or Widowed | <i>married</i> | | Name of Wife or Husband | <i>Caroline Brooks</i> | | | | | |
| Father's Name | <i>Van Brooks</i> | | | | | Father's Birthplace | <i>md</i> | | |
| Mother's Maiden Name | <i>Doug Knowlton</i> | | | | | Mother's Birthplace | <i>md</i> | | |
| Name of person giving information | <i>James E Howard</i> | | | | | How related to deceased | <i>step son</i> | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------------------|---|----------------|
| Primary | <i>Chronic Bright's Disease</i> | How long | <i>2 years</i> |
| Immediate | <i>Cardiac Insufficiency</i> | How long | <i>2 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | | <i>yes</i> | |
| Signature of Physician | | <i>A. B. Wilson, M.D.</i> | |
| Address | | <i>159 1/2 N. Pennsylvania St. Hagerstown Md.</i> | |
| Accident or Suicide? | | <i>no.</i> | |

Edgewood
Halway

Name
in
Full

CERTIFICATE OF DEATH



TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|------------------|-------------------------|-------|---|---------|----------|----|
| Died at <i>Hagerstown</i> | | Town <i>Washington</i> | | County | | MARYLAND | |
| Date of death | 1908 | Month | 4 | Day | 6 | Age | 69 |
| Sex | Male | Color or Race | White | Birth-place | Pa | Months | 4 |
| Occupation | Retired Salesman | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | | | |
| Father's Name | William Brown | | | Father's Birthplace | Ireland | | |
| Mother's Maiden Name | Evanna Leuner | | | Mother's Birthplace | Pa | | |
| Name of person giving information | Thompson A Brown | | | How related to deceased | Brother | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | | |
|---|----------------------|------------------------|-------------------|
| Primary | Chronic nephritis | How long | Some years |
| Immediate | Uraemic intoxication | How long | About one week |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | J. W. Heminchouse |
| | | Address | Hagerstown Md. |
|  | | | |
|  | | | |
| Accident or Suicide? | | | |

Green Castle Pa

Name
in
Full

Etta Burgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---------------------------------------|--|-----------------------|--|-----------------|
| Died at <i>Hyette</i> ^{Town} | | <i>Washington</i> ^{County} | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>4</i> | Day <i>15</i> | Age <i>15</i> | Years <i>15</i> | Months <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>MD</i> | | |
| Occupation <i>House work</i> | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>—</i> | | | | |
| Father's Name <i>John Burgan</i> | Father's Birthplace <i>MD</i> | | | Mother's Birthplace <i>MD</i> | |
| Mother's Maiden Name <i>Etta Kell</i> | How related to deceased <i>Sister</i> | | | Name of person giving information <i>Sulcia Gray</i> | |

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Curvature of spine from Meningitis</i> | How long <i>Six years</i> |
| Immediate <i>Spasm with heart failure</i> | How long <i>One hour</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes.</i> | Signature of Physician <i>W. S. Richardson</i> |
| | Address <i>Williamsport Md</i> |
| Accident or Suicide? <i>No.</i> | |

By June
Sharpshooting

Apr 17

Name

in
Full

CERTIFICATE OF DEATH

Julia A Colbert

MARYLAND

Died at *Hagerstown* TownCounty *Washington*Date
of death *1908*Month *4*Day *6*Age *52* Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Pa*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Fredrick F. Colbert*Father's
Name*George**Harnish*Father's
Birthplace*Pa*Mother's
Maiden Name*Fannie**Robinson*Mother's
Birthplace*Pa*Name of person giving
In formation*Frank**Burger*How related
to deceased*son in law*

CAUSES OF DEATH

120

Primary

Chronic Bright Disease

How long

Immediate

Uremia

How long

*1 week*Are the name, age, sex, color, date
and place correctly given above?*yes.*Signature of
Physician*Dr. J. Herman*

Address

Hagerstown

Accident or Suicide?

J*Med.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Watkins

4/7

Name
in
Full

Along O Carbaugh's Child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-------------|-------------------------------|--|--------------------------|----------------|
| Died at <i>Hagerstown</i> Town | | <i>Washington</i> County | | MARYLAND | |
| Date of death | <i>1908</i> | Month <i>4</i> | Day <i>1</i> | Age _____ | Years _____ |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>MD</i> | |
| Occupation _____ | | | Where Residing if not at place of death _____ | | |
| Married, Single or Widowed _____ | | | Name of Wife or Husband _____ | | |
| Father's Name <i>Along O Carbaugh</i> | | | Father's Birthplace <i>Pa</i> | | |
| Mother's Maiden Name <i>Carrie E. Ferry</i> | | | Mother's Birthplace <i>Pa</i> | | |
| Name of person giving information <i>Along O. Carbaugh</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

157

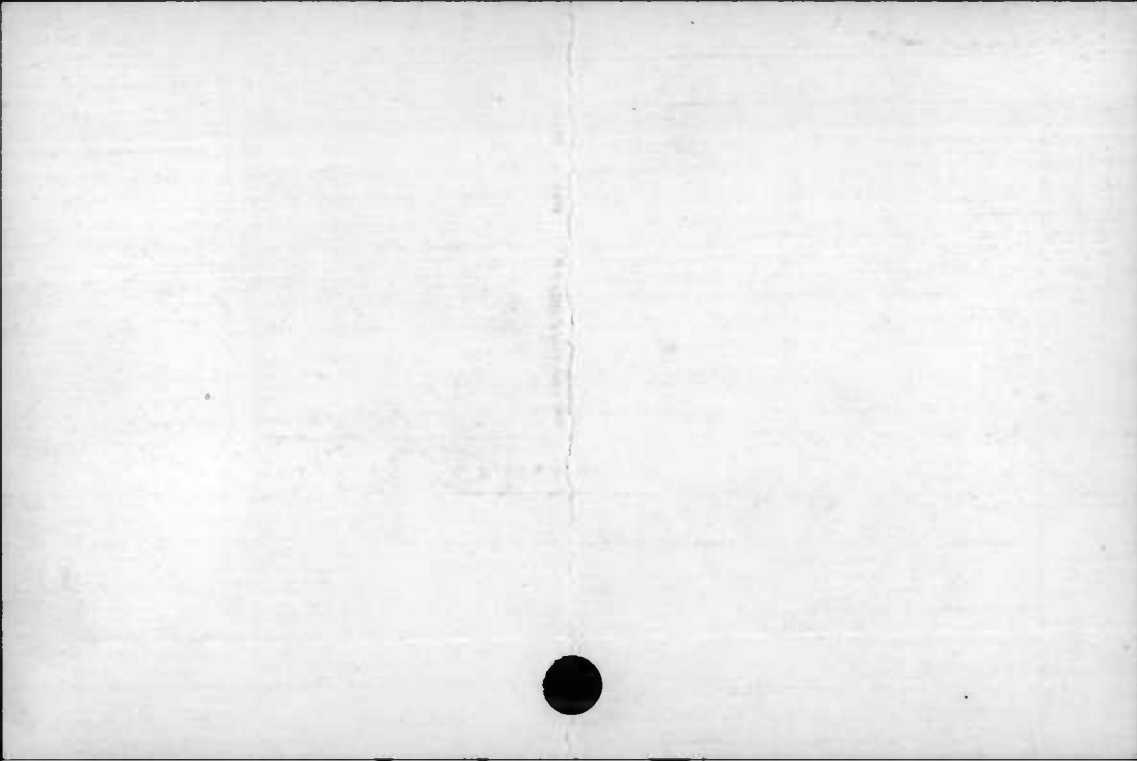
PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|---|----------|
| Primary | <i>Premature Birth</i> | How long | <i>✓</i> |
| Immediate | <i>✓</i> | How long | <i>✓</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>V. C. Miller Jr.</i> | |
| <i>Yes</i> | | Address <i>Hagerstown Md</i> | |
| Accident or Suicide? | | <i>No</i> | |

Watkins

4/8

| | | | | | | | |
|--|--|---|--|----------------------------------|--|---|--|
| Name in Full Elias T. Cline | | Town Dyersville | | County Itaska | | CERTIFICATE OF DEATH MARYLAND | |
| Died at | | Date of death | | Age | | Months Days | |
| | | 1908 4 3 | | 44 | | 11 9 | |
| Sex Male | | Color or Race White | | Birthplace Fred Co Md. | | | |
| Occupation Farmer | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed married | | Name of Wife or Husband Martha Cline | | | | | |
| Father's Name Elias Cline | | Father's Birthplace Fred Co Md. | | | | | |
| Mother's Maiden Name Amanda Kesselring | | Mother's Birthplace Fred Co Md. | | | | | |
| Name of person giving information Albert Cline | | How related to deceased Son | | | | | |
| CAUSES OF DEATH | | | | | | | |
| Primary Cerebral Abscess. | | How long 7 days. | | | | | |
| Immediate Exhaustion | | How long 3 days. | | | | | |
| Are the name, age, sex, color, date and place correctly given above? Ye. | | Signature of Physician Ernest W. Walker | | | | | |
| | | Address Williamsport Md. | | | | | |
| Accident or Suicide? No | | | | | | | |



Name
in
Full

Bertha May Crampton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|------------------------|---------------------------|-------------------------|---|-------|-------------------------|--------------------|
| Died at | | Town <i>Sharpsburg</i> | | County <i>Washington</i> | | MARYLAND | |
| Date of death | 1908 | Month 4 | Day 23 | Age | Years | Months | Days 2 |
| Sex | <i>Female</i> | | Color or Race | <i>White</i> | | Birth-place | <i>Sharpsburg</i> |
| Occupation | <i>Woman</i> | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | <i>Single</i> | | Name of Wife or Husband | | | | |
| Father's Name | <i>Edward Crampton</i> | | | | | Father's Birthplace | <i>Antietam</i> |
| Mother's Maiden Name | <i>Aggie May Swain</i> | | | | | Mother's Birthplace | <i>Sharpsburg</i> |
| Name of person giving information | <i>John W Crampton</i> | | | | | How related to deceased | <i>Grandfather</i> |

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

| | | | |
|--|--|------------------------|----------------------|
| Primary | <i>Injury during delivery with forceps</i> | How long | <i>40 hours</i> |
| Immediate | <i>—</i> | How long | <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>W. H. Gardner</i> |
| | | Address | <i>Sharpsburg Md</i> |
| Accident or Suicide? | <i>—</i> | | |

Chas S. Wade.
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

Samuel H. Davis

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-----------------|-------------------------|---|-------------------------|---------------|--------|------|
| Died at | | Town | | County | | STATE | |
| Hancock | | Washington | | Maryland | | | |
| Date of death | 190 | Month | Day | Age | Years | Months | Days |
| 8 April | 17 | 73 | | | | | |
| Sex | Male | Color or Race | White | Birthplace | Harford Co Md | | |
| Occupation | Merchant | | Where Residing if not at place of death | | Died at home | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Willie Richardson | | | | |
| Father's Name | John T. Davis | | | Father's Birthplace | Cecil Co Md | | |
| Mother's Maiden Name | Sarah Sheridan | | | Mother's Birthplace | Harford Co " | | |
| Name of person giving information | Cornelius Davis | | | How related to deceased | Brother | | |

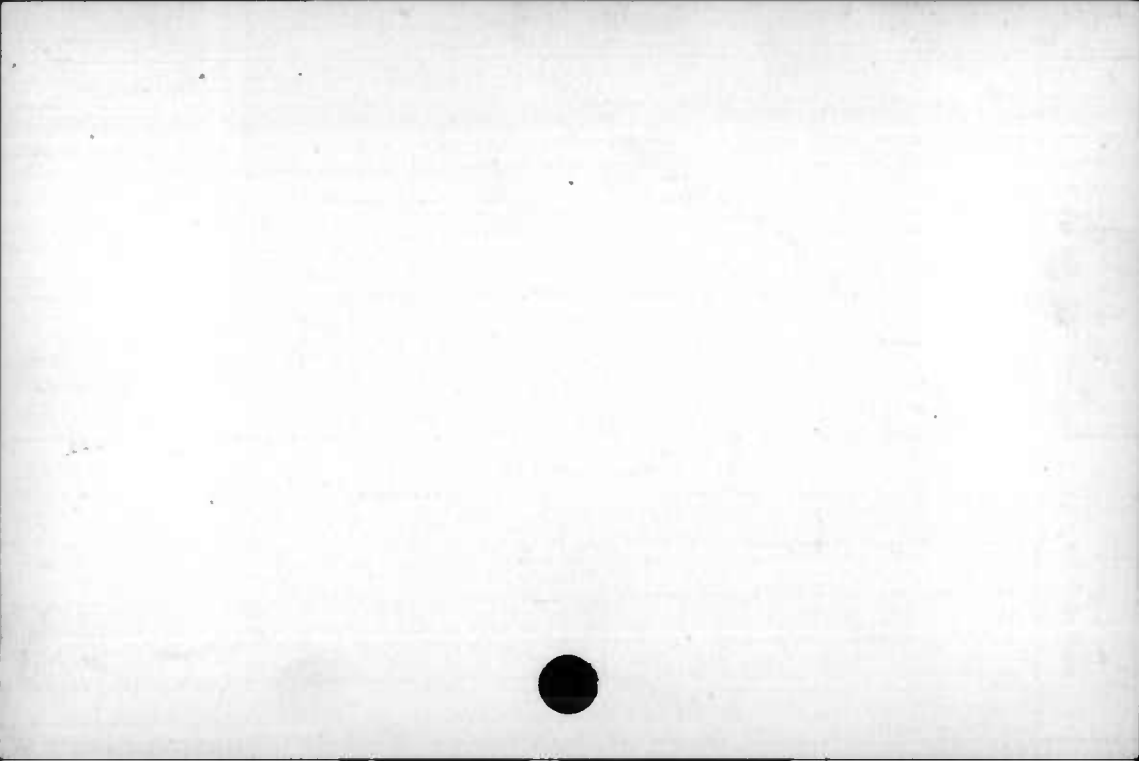
Dr West

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

| | | | | |
|--|---------------------------|-----|------------------------|------------|
| Primary | Valvular Disease of Heart | | How long | Indefinite |
| Immediate | Heart failure | | How long | 1/2 hour |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | Signature of Physician | |
| | | No | J. West | |
| | | | Address | |
| | | | Hancock Md | |
| Accident or Suicide? | | No | | |



Name
in
Full

Infant of Robert & Mary Delauney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Sharpsburg* Town*Washington* County

MARYLAND

Date
of death *1908*Month
*Apr*Day
2

Age

Years

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Sharpsburg*

Occupation

*None*Where Residing if not
at place of death*-*Married, Single
or Widowed*Single*Name of Wife or
Husband*-*Father's
Name*Robert F. Delauney*Father's
Birthplace*Sharpsburg Md*Mother's
Maiden Name*Mary Goff*Mother's
Birthplace*Brilliant, Ohio*Name of person giving
In formation*Robert F. Delauney*How related
to deceased*⑤ Father*

CAUSES OF DEATH

Primary

Premature - Still Born - About 6 1/2 Months

How long

—

Immediate

—

How long

*—*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*A. Howell Gooden*

Address

Sharpsburg Md

Accident or Suicide?

Chas. S. Wade
Investigator

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|---------------------------------------|--|------------------------|------------------|
| Died at <i>Hagerstown</i> ^{Town} | | <i>Washington</i> ^{County} | | MARYLAND | |
| Date of death <i>1908</i> | | Month <i>4</i> | Day <i>23</i> | Age <i>1</i> | Months <i>14</i> |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Ind</i> | |
| Occupation <i>---</i> | | | Where Residing if not at place of death <i>---</i> | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>---</i> | | | |
| Father's Name <i>William Denny</i> | | Father's Birthplace <i>Ind</i> | | | |
| Mother's Maiden Name <i>Blanche Wolff</i> | | Mother's Birthplace <i>Ind</i> | | | |
| Name of person giving information <i>William Denny</i> | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pertussis</i> | How long <i>6 wks</i> |
| Immediate <i>Congestion Lungs</i> | How long <i>4 hrs</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>A. D. Stauffer</i> |
| Accident or Suicide? | Address <i>Hagerstown Md</i> |

Efficient
man

Name
in
Full

David Ebersole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|---|--|-------------------------|--|
| Died at ^{Town} Antietam | | ^{County} Washington | | MARYLAND | |
| Date of death 1908 | | Month Apr. | | Day 26 | |
| Sex Male | | Color or Race White | | Birth-place Antietam Md | |
| Occupation none | | Where Residing if not at place of death | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband | | | |
| Father's Name William Ebersole | | Father's Birthplace ^{near} Antietam Md | | | |
| Mother's Maiden Name Lala Shoemaker | | Mother's Birthplace Zittlestown Md | | | |
| Name of person giving information William Ebersole | | How related to deceased Father | | | |

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

| | | | |
|--|------------|--------------------------------------|--------------|
| Primary | Brunchitis | How long | About a week |
| Immediate | -- | How long | -- |
| Are the name, age, sex, color, date and place correctly given above? yes | | Signature of Physician O. C. Eschman | |
| Accident or Suicide? | | Address Shompruby Md | |

Chas. D. Wade
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

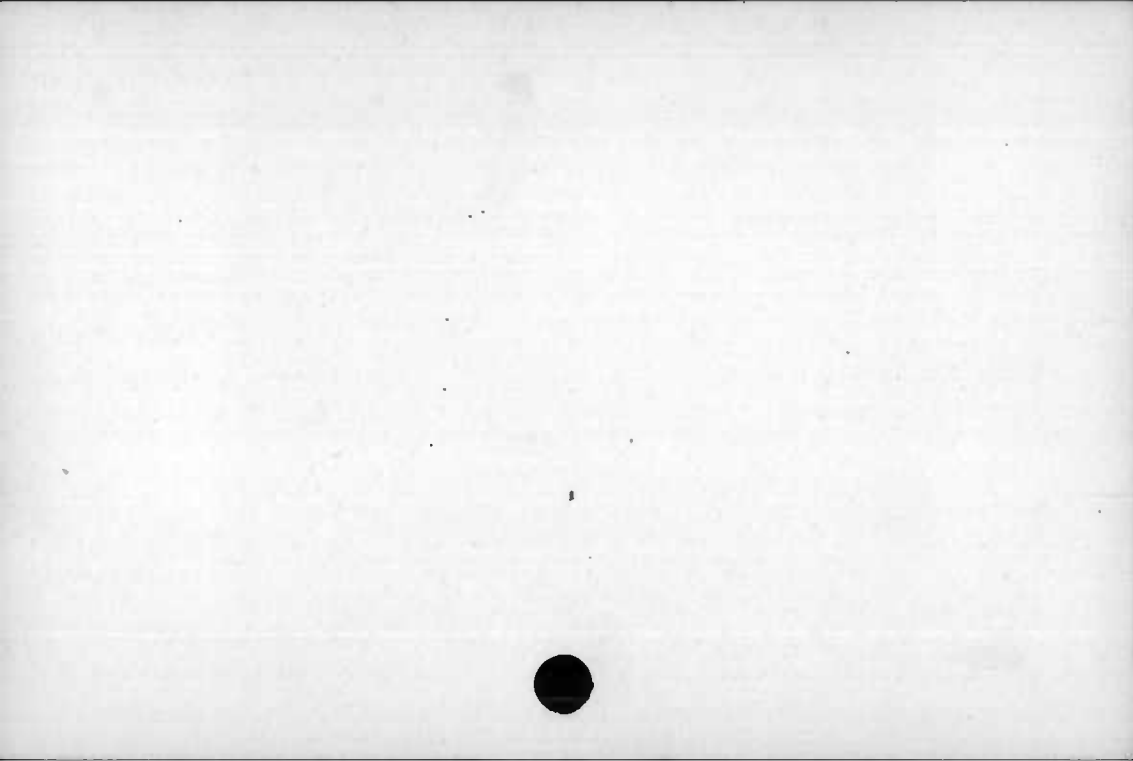
| | | | | | | |
|--|----------------------------|--|--|----------------|-----------------|----------------|
| Died at <i>Highfield</i> ^{Town} | | <i>Washington</i> ^{County} | | MARYLAND | | |
| Date of death <i>1908</i> | Month <i>April</i> | Day <i>24</i> | Age <i>—</i> | Years <i>—</i> | Months <i>—</i> | Days <i>14</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Highfield</i> | | | |
| Occupation | | | Where Residing if not at place of death <i>where resided</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | | |
| Father's Name <i>Mehale E. Eyles</i> | | Father's Birthplace <i>Sabillasville</i> | | | | |
| Mother's Maiden Name <i>Nora Smith</i> | | Mother's Birthplace <i>Fanfield</i> | | | | |
| Name of person giving information <i>Mehale E. Eyles</i> | | How related to deceased | | | | |

CAUSES OF DEATH

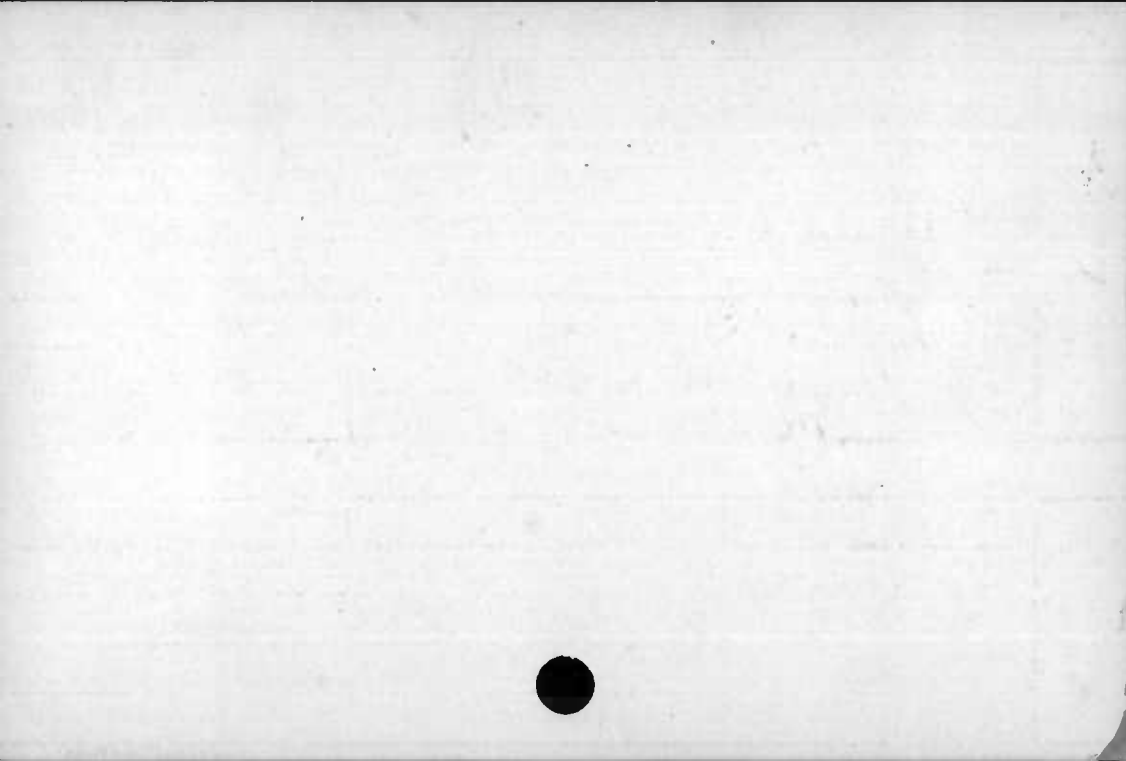
92

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Cerebral Hemorrhage</i> | How long <i>1 day</i> |
| Immediate <i>Cerebral Hemorrhage</i> | How long <i>6 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. C. Kefauver</i> |
| <i>[Signature]</i> | Address <i>Freemont, Md.</i> |
| | |
| Accident or Suicide? | |



| | | | | | | | |
|--|--|--|--|------------------------------------|--|--------------------------|--|
| Name In Full Susannah Gouff | | Town Louisa-Grove | | County Wash | | State MARYLAND | |
| Died at Louisa-Grove | | Month 4 | | Day 29 | | Years 82 | |
| Date of death 1908 | | Months 1 | | Days 2 | | | |
| Sex Female | | Color or Race White | | Birth-place Eakles Mills | | | |
| Occupation House Wife | | Where Residing if not at place of death Louisa-Grove | | | | | |
| Married Single or Widowed Single | | Name of Wife or Husband Samuel Gouff | | | | | |
| Father's Name John Garver | | Father's Birthplace Pennsylvania | | | | | |
| Mother's Maiden Name Hannah Sigler | | Mother's Birthplace Doyl-Know | | | | | |
| Name of person giving information Martin Gouff | | How related to deceased Son | | | | | |
| CAUSES OF DEATH | | | | | | | |
| Primary Mitral Regurgitation | | How long 10 years | | | | | |
| Immediate Dropsy & Heart Exhaustion | | How long 1 year | | | | | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician W. M. Nihiser | | | | | |
| Address Keedysville Md | | | | | | | |
| Accident or Suicide? No | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|------------------------|------------------------|--------------------------|----------------|-----------------------|---------------|
| Died at <i>Beanes Creek</i> | | Town <i>Washington</i> | | County <i>Washington</i> | | State <i>MARYLAND</i> | |
| Date of death | <i>1908</i> | Month <i>4</i> | Day <i>3</i> | Age <i>67</i> | Years <i>—</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Ind</i> | | | | |
| Occupation <i>Black Sewer</i> | Where Residing if not at place of death <i>—</i> | | | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Annie Gray</i> | | | | | | |
| Father's Name <i>Peter Gray</i> | Father's Birthplace <i>Ind</i> | | | | | | |
| Mother's Maiden Name <i>Elizabeth Chester</i> | Mother's Birthplace <i>Ind</i> | | | | | | |
| Name of person giving information <i>Annie Gray</i> | How related to deceased <i>Wife</i> | | | | | | |

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Arterio Sclerosis</i> | How long <i>2 years</i> |
| Immediate <i>Emphysema</i> | How long <i>1 wk.</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>A.P. Hauffer</i> |
| | Address <i>Hagerstown Ind</i> |
| Accident or Suicide? | |



Name
in
Full

Andrew Frena Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

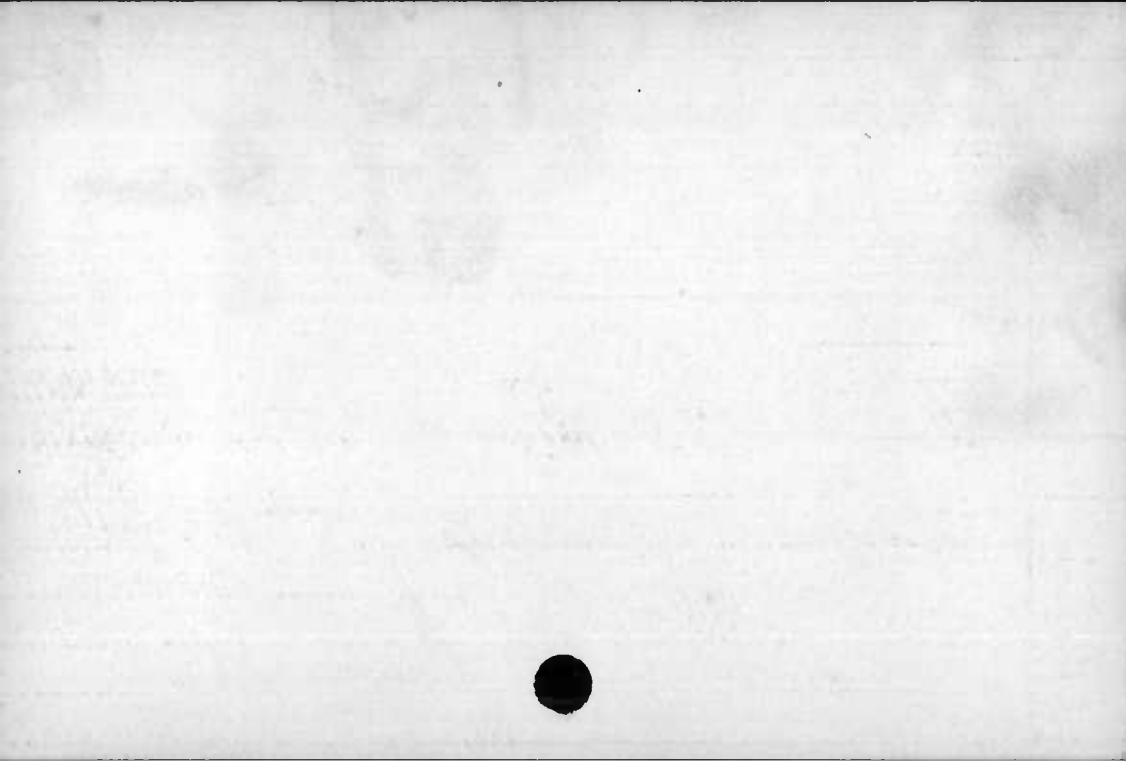
| | | | | | |
|--|----------------------------------|---|--|--------------------------------|---------------------------------|
| Died at <u>Hancock</u> <small>Town</small> | | <u>Washington</u> <small>County</small> | | MARYLAND | |
| Date of death | <u>1908</u> <small>Month</small> | <u>apr</u> <small>Day</small> | <u>22</u> <small>Age</small> | <u>85</u> <small>Years</small> | <u>11</u> <small>Months</small> |
| Sex | <u>Male</u> | Color or Race | <u>White</u> | Birth-place | <u>Williamstown, Ma</u> |
| Occupation | <u>Sailor</u> | | Where Residing if not at place of death <u>_____</u> | | |
| Married, Single or Widowed | <u>Widower</u> | Name of Wife or Husband | <u>Livonia Kundle</u> | | |
| Father's Name | <u>Otha James Hammond</u> | | | Father's Birthplace | <u>Carroll Co Ma</u> |
| Mother's Maiden Name | <u>Eldora Friend</u> | | | Mother's Birthplace | <u>Worcester Ma</u> |
| Name of person giving information | <u>Otha J Hammond</u> | | | How related to deceased | <u>Son</u> |

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------------|--|--------------|
| Primary | <u>General Senility</u> | How long | <u>1 Day</u> |
| Immediate | <u>Asthma & apoplexy</u> | How long | <u>1 "</u> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <u>J A West</u> | |
| | | Address <u>Hancock Ma</u> | |
| Accident or Suicide? <u>_____</u> | | | |



Name
in
Full

Lucy Anna Harr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

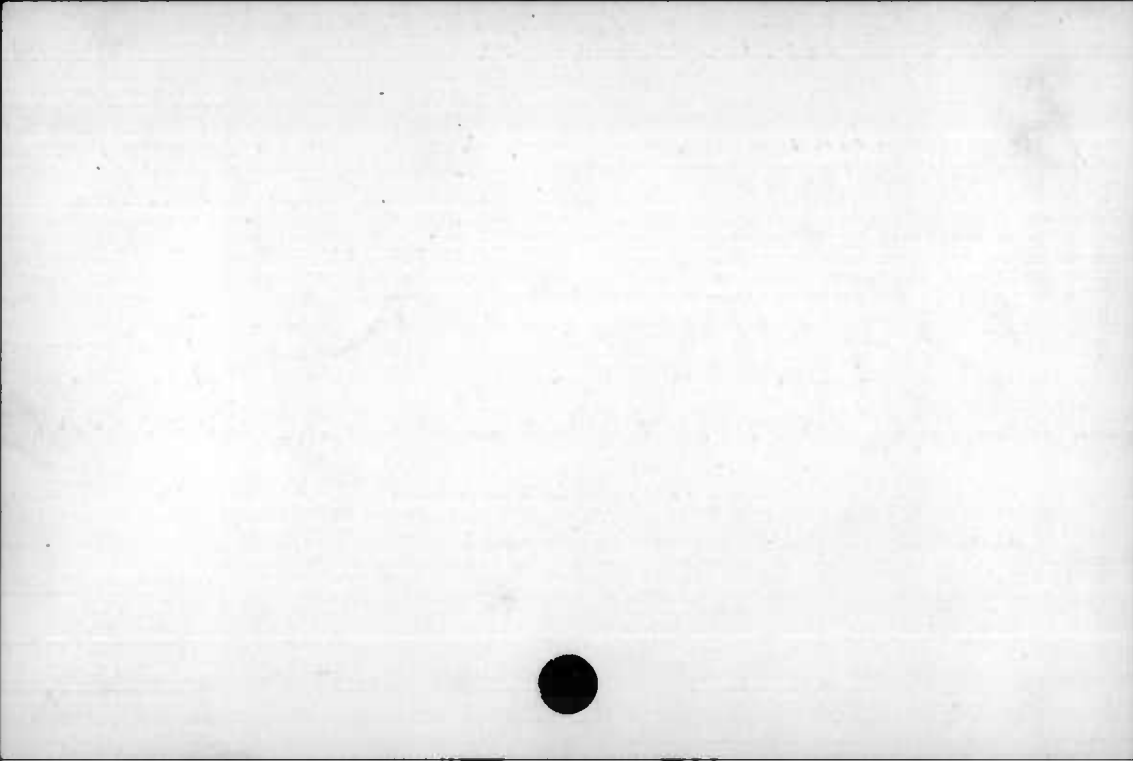
| | | | | | | | | |
|---|--|---|--------------------|--------------------------|---------------|----------|-----------------|----------------|
| Died at | | Town <i>Big Pool</i> | | County <i>Washington</i> | | MARYLAND | | |
| Date of death | | 1908 | Month <i>April</i> | Day <i>14</i> | Age <i>62</i> | Years | Months <i>1</i> | Days <i>12</i> |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Pa</i> | | | | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death | | | | | | |
| Married, Single | | Name of Wife or Husband <i>David Harr</i> | | | | | | |
| Father's Name <i>David Myers</i> | | Father's Birthplace <i>Pa</i> | | | | | | |
| Mother's Maiden Name <i>Ema Shivers</i> | | Mother's Birthplace <i>Ind</i> | | | | | | |
| Name of person giving information <i>David Harr</i> | | How related to deceased <i>Husband</i> | | | | | | |

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

| | | | |
|---|-------------------------------|---|-----------------|
| Primary | <i>Cancer of Uterus</i> | How long | <i>8 Years</i> |
| Immediate | <i>Craniotomy, Exhaustion</i> | How long | <i>3 months</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>J. P. Perry</i> | |
| | | Address <i>Clearspring Ind.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|--------------------------|--|------------------|--|
| Name in Full <i>Charles W. Harris</i> | | Town <i>Hagerstown</i> | | County <i>Wash.</i> | | MARYLAND | |
| Died at <i>Hagerstown</i> | | Month <i>Apr</i> | | Day <i>4</i> | | Age <i>52</i> | |
| Date of death <i>1908</i> | | Months <i>8</i> | | Years <i>52</i> | | Days <i></i> | |
| Sex <i>male</i> | | Color or Race <i>white</i> | | Birth-place <i>Va</i> | | | |
| Occupation <i>R. R. Conductor</i> | | Where Residing if not at place of death <i>Roanoke Va</i> | | | | | |
| Married, Single or Widowed <i>single</i> | | Name of Wife or Husband <i></i> | | | | | |
| Father's Name <i>John E. A. Harris</i> | | Father's Birthplace <i>Va</i> | | | | | |
| Mother's Maiden Name <i>Mary Palmer</i> | | Mother's Birthplace <i>Va</i> | | | | | |
| Name of person giving information <i>John Harris</i> | | How related to deceased <i>brother</i> | | | | | |

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>Chronic Myocarditis</i> | | How long <i>for years</i> | |
| Immediate <i>Acute Cardiac Dehydration with Pulmonary Edema</i> | | How long <i>1 day</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>W. H. Mayhew</i> | |
| Accident or Suicide? <i>No</i> | | Address <i>Hagerstown, Md</i> | |

Front Royal, Va.

Sister

Name
in
Full

CERTIFICATE OF DEATH

Daisy Hawbecker.

TO BE ANSWERED BY
NEAREST FRIEND

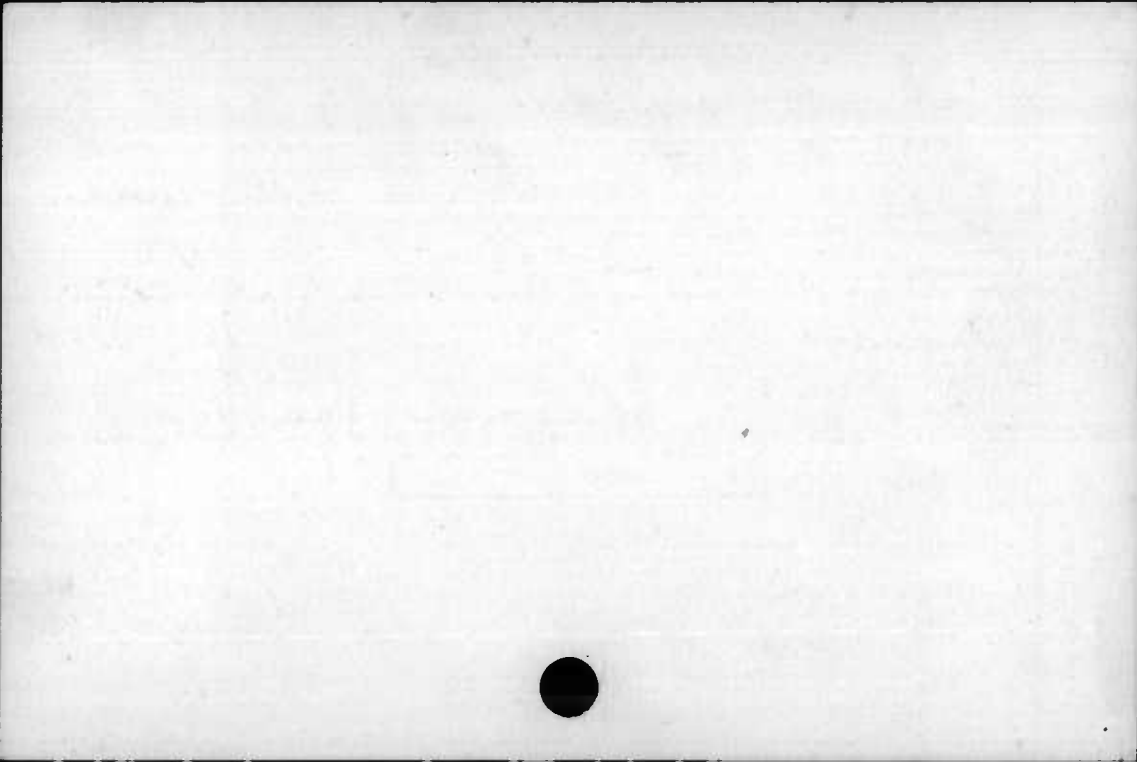
| | | | | | |
|--|----------------------------|--|---|-----------------|---------------|
| Died at <i>Clear Spring</i> ^{Town} | | <i>Washington</i> ^{County} | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>4</i> | Day <i>3</i> | Age <i>17</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Maryland</i> | | |
| Occupation <i>Housewife</i> | | | Where Residing if not at place of death <i>Clear Spring</i> | | |
| Married, Single or Widowed | | Name of Wife or Husband <i>John Hawbecker.</i> | | | |
| Father's Name <i>Grant Mills.</i> | | | Father's Birthplace <i>Maryland</i> | | |
| Mother's Maiden Name <i>Mollie Daily</i> | | | Mother's Birthplace <i>Maryland</i> | | |
| Name of person giving information <i>Grant Mills</i> | | | How related to deceased <i>Father.</i> | | |

CAUSES OF DEATH

140

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Child-birth</i> | How long? <i>Two hours</i> |
| Immediate <i>Exhaustion</i> | How long? <i>one hour</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Abram Shank</i> |
| | Address <i>Clear Spring Washington County</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|------------------------|------------------------|-------------------------|---|------------------|-------------|-----------|
| Died at <i>Bones Beach</i> | | Town <i>Washington</i> | | County | | MARYLAND | |
| Date of death | <i>1908</i> | Month | <i>4</i> | Day | <i>17</i> | Age | <i>77</i> |
| | | | | | | Years | <i>3</i> |
| | | | | | | Months | <i>19</i> |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | | Birth-place | <i>MD</i> |
| Occupation | <i>Blacksmith</i> | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | <i>Widower</i> | | Name of Wife or Husband | <i>Catharine Conrad</i> | | | |
| Father's Name | <i>Jacob Seiler</i> | | | Father's Birthplace | <i>Not known</i> | | |
| Mother's Maiden Name | <i>Sarah Donaldson</i> | | | Mother's Birthplace | <i>Not known</i> | | |
| Name of person giving information | <i>Thos Seiler</i> | | | How related to deceased | <i>Son</i> | | |

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

| | | | | |
|--|------------------------------|------------|------------------------|----------------|
| Primary | <i>Mitral Insufficiency.</i> | | How long | <i>Approx.</i> |
| Immediate | <i>Dropsy</i> | | How long | <i>1 year</i> |
| Are the name, age, sex, color, date and place correctly given above? | | <i>Yes</i> | Signature of Physician | |
| | | | <i>E. S. Davis</i> | |
| | | | Address | |
| | | | <i>Brownboro</i> | |
| | | | <i>md.</i> | |
| Accident or Suicide? | | | | |

Bear Creek

Name
in
Full

CERTIFICATE OF DEATH

Mary Elizabeth Hayward.

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|---|---------------------------------|---------------|--------------------------|-----------------|-----------------|---------------|
| Died at <i>near Hancock</i> | | Town <i>Hancock</i> | | County <i>Washington</i> | | MARYLAND | |
| Date of death <i>1908 April 13</i> | | Month <i>April</i> | Day <i>13</i> | Age <i>18</i> | Years <i>10</i> | Months <i>2</i> | Days <i>2</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Adams Co Pa.</i> | | | | | |
| Occupation <i>Stk Wife</i> | Where Residing if not at place of death <i>Died at Home</i> | | | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>O. H. Hayward Jr.</i> | | | | | | |
| Father's Name <i>W. L. Low</i> | Father's Birthplace <i>Adams Co Pa.</i> | | | | | | |
| Mother's Maiden Name <i>Florence V. Huffman</i> | Mother's Birthplace <i>Wash Co Md.</i> | | | | | | |
| Name of person giving in formation <i>W. L. Low</i> | How related to deceased <i>Father</i> | | | | | | |

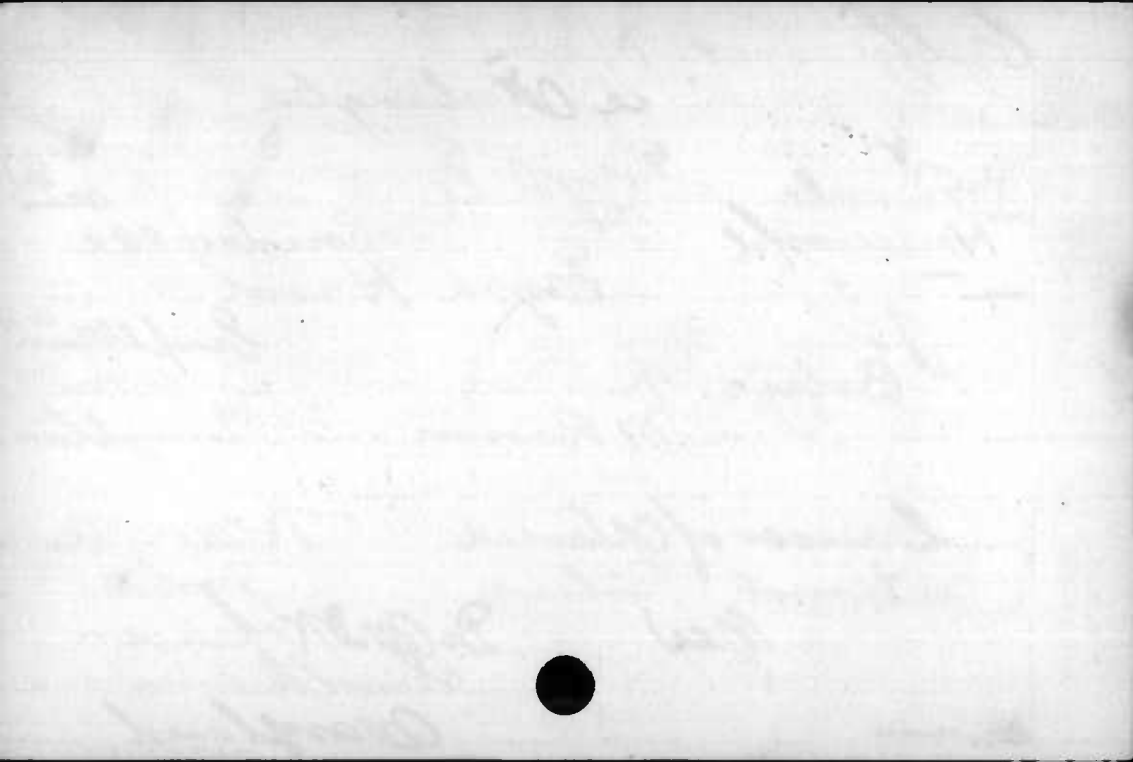
Dr. Tabler.

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Tuberculosis</i> | How long <i>six months</i> |
| Immediate <i>Tuberculosis</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>H. E. Tabler</i> |
| | Address <i>Hancock, Md.</i> |
| Accident or Suicide? | |



Name
in
Full

Catherine Hurd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|---------------|---------------|---|--------|-------------------------|---------------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1908 | | 4 | 6 | 76 | 0 | 0 | |
| Sex | Female | Color or Race | White | | Birth-place | Samplings, Md | |
| Occupation | Housewife | | Where Residing if not at place of death | | Pondsville | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | Cyrus Hurd | | |
| Father's Name | John Boyer | | | | Father's Birthplace | Samplings, Md | |
| Mother's Maiden Name | Bessie Himes | | | | Mother's Birthplace | Samplings, Md | |
| Name of person giving information | Ellen M Brown | | | | How related to deceased | Daughter | |

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

| | | | |
|--|------------------|------------------------|---------------------|
| Primary | Cancer of uterus | How long | 18 months |
| Immediate | Heart Failure | How long | Instant |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Dr. M. J. Kefauver |
| | | Address | Smithsburg Maryland |



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

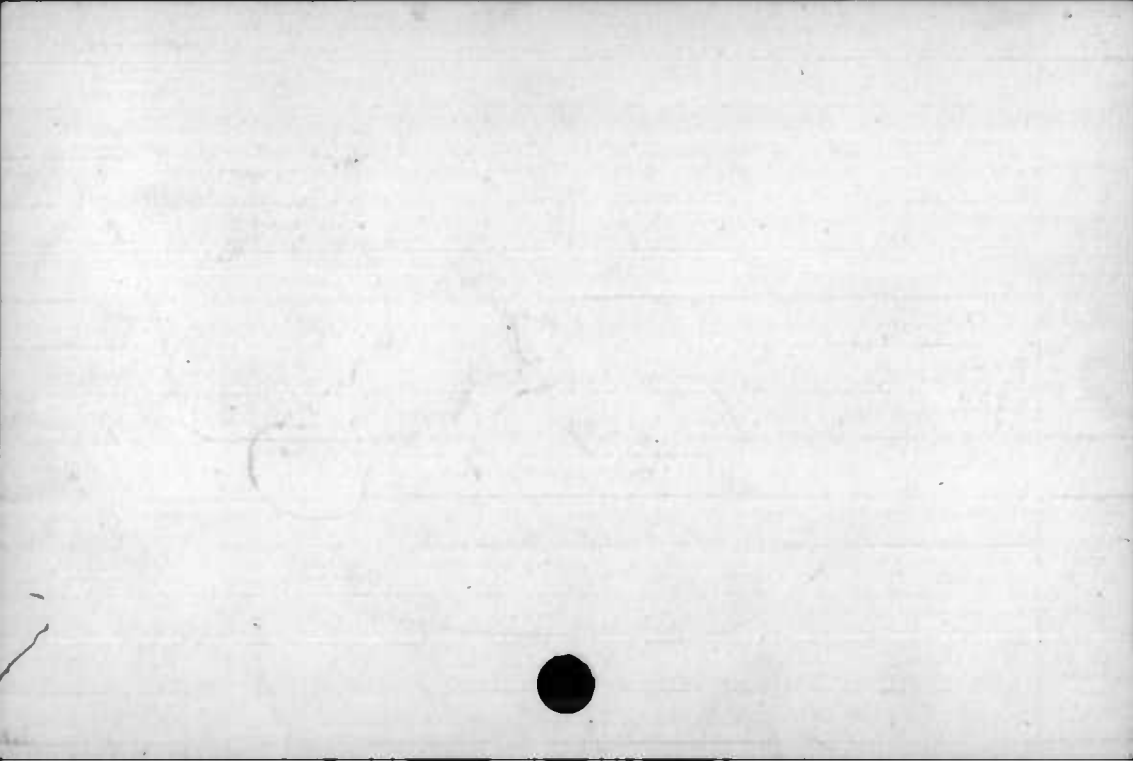
| | | | | | |
|---|----------------------------|--|---|-----------------|----------------|
| Died at <u>Merriton</u> Town | | <u>Washington co.</u> County | | | |
| Date of death <u>4/16</u> <u>1908</u> | Month <u>April</u> | Day <u>Thursday</u> | Age <u>80</u> Years | Months <u>—</u> | Days <u>19</u> |
| Sex <u>Male</u> | Color or Race <u>White</u> | Birth-place <u>Brownville</u> | | | |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <u>Married</u> | | Name of Wife or Husband <u>Eliz Holmes</u> | | | |
| Father's Name <u>David Holmes</u> | | Father's Birthplace <u>—</u> | | | |
| Mother's Maiden Name <u>Catherine Holmes</u> | | Mother's Birthplace <u>—</u> | | | |
| Name of person giving information <u>C. H. Darr</u> | | How related to deceased <u>Son Law</u> | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <u>Tuberculosis, Bronchitis & Nephritis</u> | How long <u>4 or 5 months</u> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>H. P. Schane MD</u> |
| | Address <u>Brunswick</u> |
| Accident or Suicide? | <u>MD</u> |



| | | | | | | | | |
|-------------------------------------|--|--|--|---|--------|------------------------|--------|------|
| Name in Full | | Anna Rebecca Hase | | | | CERTIFICATE OF DEATH | | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Town | County | MARYLAND | | |
| | | Date of death | | Month | Day | Years | Months | Days |
| | | Sex | | Color or Race | | Birth-place | | |
| | | Occupation | | Where Residing if not at place of death | | | | |
| | | Married, Single or Widowed | | Name of Wife or Husband | | | | |
| Father's Name | | Young | | Father's Birthplace | | Md | | |
| Mother's Maiden Name | | Susan J. Penhager | | Mother's Birthplace | | Md | | |
| Name of person giving information | | Mrs. Larner | | How related to deceased | | Daughter | | |
| CAUSES OF DEATH | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | Paralysis | | How long 10 hours | | |
| | | Immediate | | Echolera | | How long 10 hours | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | |
| | | Accident or Suicide? | | No | | Address | | |
| | | | | Hagerstown Md | | | | |

W
4/11/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jacob J. Hase*

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death *1908* Month *4* Day *25* Age *—* Years *—* Months *7* Days *16*

Sex *Male* Color or Race *White* Birth place *Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Jacob B. Hase* Father's Birthplace *Md*

Mother's Maiden Name *Virginia Trumbour* Mother's Birthplace *Md*

Name of person giving information *Jacob Hase* How related to deceased *Father*

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *2 weeks*

Immediate *..* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. P. Miller*

Address *Hagerstown Md*

Accident or Suicide? *—*

St Pauls

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---------------------------------------|---|------------------------|-----------------|---------------|
| Died at <i>Hagerstown</i> | | County <i>Wash</i> | | MARYLAND | |
| Date of death | Month <i>4</i> | Day <i>11</i> | Years <i>46</i> | Months <i>1</i> | Days <i>7</i> |
| Sex <i>male</i> | Color or Race <i>white</i> | | Birth-place <i>Pa.</i> | | |
| Occupation <i>Slater</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>married</i> | Name of Wife <i>Minnie Kunnelsine</i> | | | | |
| Father's Name <i>Manavis Kunnelsine</i> | Father's Birthplace <i>Pa</i> | | | | |
| Mother's Maiden Name <i>Mary Simmers</i> | Mother's Birthplace <i>"</i> | | | | |
| Name of person giving information <i>Minnie Kunnelsine</i> | How related to deceased <i>wife</i> | | | | |

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Carcinoma of Penis</i> | How long <i>18 mo.</i> |
| Immediate <i>Exhaustion</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Ch. Scheller</i> |
| <i>No</i> | Address <i>Hagerstown,</i> |
| Accident or Suicide? <i>No</i> | |

Suter
Apr. 14

Name
in
Full

Ellen M. Hyde.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------|---|---|-------------------------|------------|
| Died ^{near} <i>Hagerstown</i> Town | | <i>Washington</i> County | | MARYLAND | |
| Date of death | 1908 | Month | 4 | Day | 30 |
| Age | 63 | Months | 10 | Days | 23 |
| Sex | <i>Female</i> | Color or Race | <i>white</i> | Birth-place | <i>md.</i> |
| Occupation | <i>N. W.</i> | | Where Residing if not at place of death | | |
| Married, Single or Widowed | <i>widow</i> | Name of Wife or Husband <i>Jesse L. Hyde.</i> | | | |
| Father's Name | <i>Alfred Barnes</i> | | | Father's Birthplace | <i>md.</i> |
| Mother's Maiden Name | <i>Not Known</i> | | | Mother's Birthplace | <i>md.</i> |
| Name of person giving information | <i>Harry Hyde</i> | | | How related to deceased | <i>son</i> |

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------------|------------------------|------------------------|
| Primary | <i>Cirrhosis of Liver</i> | How long | <i>6 months</i> |
| Immediate | <i>Exhaustion</i> | How long | <i>Several days</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>A. D. Hunter</i> |
| | | Address | <i>Hagerstown, Md.</i> |
| Accident or Suicide? | | | |

Bradford

Name
in
Full

Still born child of Clayton & Ida Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|-------------------------------|---|----------|-------------------------|
| Died at <u>Beggs town</u> | | County <u>Wash.</u> | | MARYLAND | |
| Date of death | 190 <u>8</u> | Month <u>4</u> | Day <u>30</u> | Age | Months _____ Days _____ |
| Sex <u>Male</u> | Color or Race <u>White</u> | | Birth-place <u>Ind.</u> | | |
| Occupation _____ | | | Where Residing if not at place of death _____ | | |
| Married, Single or Widowed <u>single</u> | | Name of Wife or Husband _____ | | | |
| Father's Name <u>Clayton E Jacobs</u> | | | Father's Birthplace <u>Ind</u> | | |
| Mother's Maiden Name <u>Ida May Snooks</u> | | | Mother's Birthplace <u>"</u> | | |
| Name of person giving information <u>C. E. Jacobs</u> | | | How related to deceased <u>father.</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Institutional Delivery</u> | How long <u>✓</u> |
| Immediate <u>Prolonged Labor.</u> | How long <u>✓</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>W. E. Bracken L.</u> |
| | Address <u>Beggs town Ind</u> |
| Accident or Suicide? <u>No</u> | |

Broadfaring

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | | |
|--|--|---|--|---------------------------|--|----------------------|--|
| Name in Full Mrs Mary J. Keefer. | | Town Near Bugetts | | County Wash. | | CERTIFICATE OF DEATH | |
| Died at Near Bugetts | | MAYLAND | | | | | |
| Date of death 1908 | | Month 4 | | Day 13 | | Age 63 | |
| Months 3 | | Days 24 | | | | | |
| Sex female | | Color or Race white | | Birth-place md. | | | |
| Occupation H.W. | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed widow | | Name of Wife or Husband Samuel Keefer | | | | | |
| Father's Name Samuel Zumblyer | | Father's Birthplace md. | | | | | |
| Mother's Maiden Name Lydia Cockley | | Mother's Birthplace Penns. | | | | | |
| Name of person giving information Fred F. Keefer | | How related to deceased son | | | | | |
| CAUSES OF DEATH | | | | | | | |
| Primary Lobar Pneumonia | | How long 6 day | | | | | |
| Immediate Endocarditis, chronic | | How long (?) | | | | | |
| Are the name, age, sex, color, date and place correctly given above? yes | | Signature of Physician Victor D. Miller, M.D. | | | | | |
| Address Hagerstown, Md | | | | | | | |
| Accident or Suicide? no | | | | | | | |

Broadfaring
Suter

Apr. 17

| | | | | | |
|---|---|---|---|-------------------------------|--------------------------------|
| Name in Full Dillie Edwin Krouse | | CERTIFICATE OF DEATH | | | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at Hagerstown <small>Town</small> | | Washington <small>County</small> | | MARYLAND |
| | Date of death 1908 | Month 4 | Day 12 | Age 7 Years | Months 9 Days 16 |
| | Sex Male | Color or Race White | | Birth-place Smithsburg | |
| | Occupation None | Where Residing if not at place of death Hagerstown | | | |
| | Married, Single or Widowed Single | Name of Wife or Husband None | | | |
| | Father's Name Edwin Krouse | Father's Birthplace Smithsburg | | | |
| | Mother's Maiden Name Laura Sherry Hagley | Mother's Birthplace Leanetown | | | |
| Name of person giving information Edwin Krouse | How related to deceased Father | | | | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary Cerebral Pneumonia | How long Two weeks | | | |
| | Immediate Convulsions with Cardiac Failure | How long 1 day | | | |
| | Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician W. H. Maclean | | | |
| | No | Address Hagerstown, Md. | | | |
| Accident or Suicide? No | | | | | |

Caratocum,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Luwan Gaulty*

Died at *Roxbury* Town *Washington* County *MARYLAND*

Date of death *1908* Month *4* Day *7* Age *85* Years Months *6* Days *1*

Sex *Female* Color or Race *white* Birth-place *Pa*

Occupation *Domestic* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John Gaulty* Father's Birthplace *Pa*

Mother's Maiden Name *Mary Cook* Mother's Birthplace *Pa*

Name of person giving information *Lizzie Hauptman* How related to deceased *Niece*

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary *Bronchitis* How long *5 days*

Immediate *Dyspnoea from accumulation of mucus* How long *after hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. D. Stumpe*

Address *Hagerstown Md*

Accident or Suicide? *1*

To [unclear]
Rose Hill

4/10/08

| | | | |
|--|--|--|--|
| Name in Full Choness J. Lung | | CERTIFICATE OF DEATH | |
| Town Brown Creek | | County Washington | |
| Died at Brown Creek | | MARYLAND | |
| Date of death 1908 April 27 | | Age 33 | |
| Sex male | | Color or Race white | |
| Occupation Laborman | | Birth-place Maryland | |
| Where Residing if not at place of death Brown Creek | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband ✓ | |
| Father's Name John W Lung | | Father's Birthplace Maryland | |
| Mother's Maiden Name Annie Bishop | | Mother's Birthplace Pennsylvania | |
| Name of person giving information John W Lung | | How related to deceased Father | |
| CAUSES OF DEATH | | | |
| Primary Accident - Lethargy | | How long Immediate | |
| Immediate Lethargy | | How long 4 days | |
| Are the name, age, sex, color, date and place correctly given above? yes | | Signature of Physician S. S. Davis | |
| | | Address Brown Creek | |
| Accident or Suicide? Accident | | over Ind. | |

Injured by circular saw which caught
his arm whilst in motion amputating
hand at wrist.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|---------------------------|--|-----------------|--|
| Died at <i>Hagerstown</i> | | Town <i>wash</i> | | County | | MARYLAND | |
| Date of death <i>1908</i> | | Month <i>4</i> | | Day <i>27</i> | | Years <i>50</i> | |
| Sex <i>female</i> | | Color or Race <i>white</i> | | Birth-place <i>W. Va.</i> | | Months <i>5</i> | |
| Occupation <i>N. W.</i> | | Where Residing if not at place of death | | | | Days <i>23</i> | |
| Married, Single or Widowed <i>married</i> | | Name of Wife or Husband <i>Chas Lushbaugh</i> | | | | | |
| Father's Name <i>Wendell Gates</i> | | Father's Birthplace <i>W. Va.</i> | | | | | |
| Mother's Maiden Name <i>Not known</i> | | Mother's Birthplace | | | | | |
| Name of person giving information <i>Chas Lushbaugh</i> | | How related to deceased <i>husband</i> | | | | | |

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Paralysis</i> | How long <i>3 days</i> |
| Immediate <i>Heart Failure</i> | How long <i>few hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>C. W. Wingard</i> |
| | Address <i>Frankstown Md.</i> |
| Accident or Suicide? <i>—</i> | |

Suter
Apr, 29

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

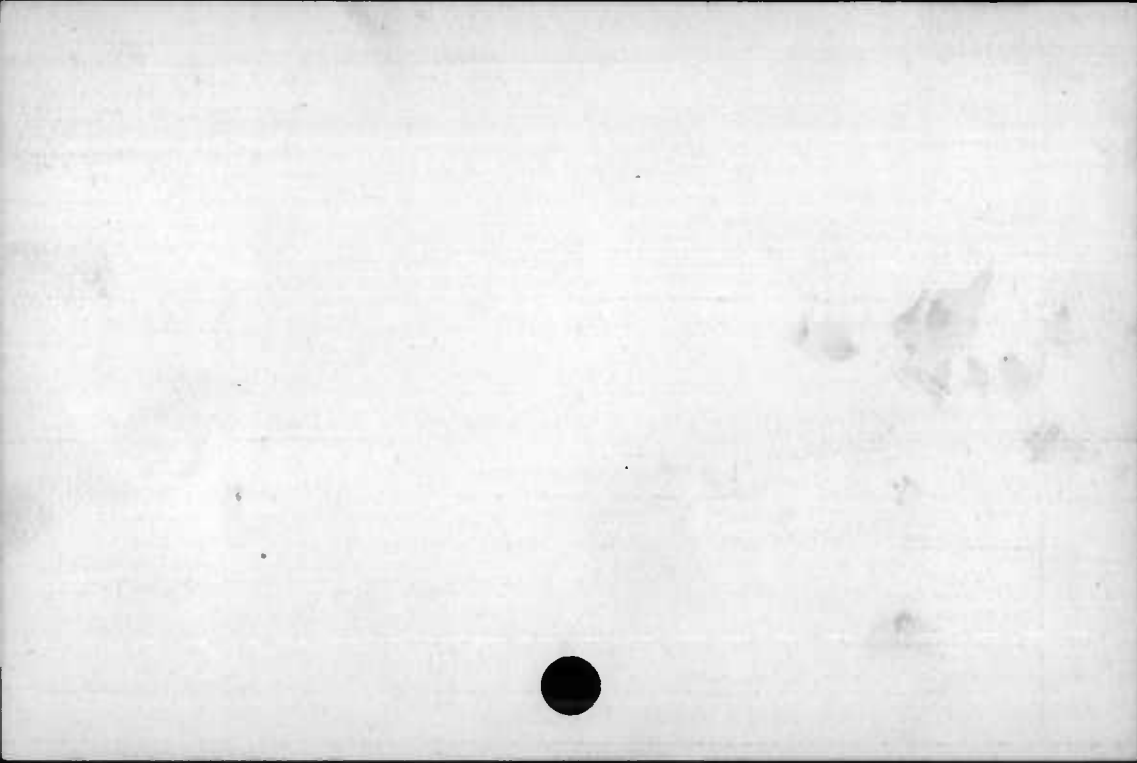
| | | | | | | | |
|--|--|---|--|----------------------------|--|---------------|--|
| Name in Full <i>Margery McKelvey</i> | | Town <i>Boarnock</i> | | County <i>Wash</i> | | MARYLAND | |
| Died at | | Date of death <i>1908</i> | | Month <i>4</i> | | Day <i>29</i> | |
| Age <i>76</i> | | Years | | Months | | Days | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Ireland</i> | | | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband <i>Mrs McKelvey</i> | | | | | |
| Father's Name <i>James Noble</i> | | Father's Birthplace <i>Ireland</i> | | | | | |
| Mother's Maiden Name <i>Margaret Livingston</i> | | Mother's Birthplace <i>"</i> | | | | | |
| Name of person giving information <i>Mrs. Elizabeth McKelvey</i> | | How related to deceased <i>Daughter</i> | | | | | |

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

| | | | |
|---|--|--|--|
| Primary <i>Paralysis</i> | | How long <i>6 years</i> | |
| Immediate <i>Hypertated Pneumonia</i> | | How long <i>1 week</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Wm. H. Gaisoch</i> | |
| Address <i>Wm. H. Gaisoch</i> | | | |
| Accident or Suicide? <i>No.</i> | | Md | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name **Jacob Reem Mace**

Died at **Hagustown** ^{Town} **Washington** ^{County} **MARYLAND**

Date of death **1905** ^{Month} **4** ^{Day} **10** ^{Years} **Age 73** ^{Months} **2** ^{Days} **14**

Sex **Male** Color or Race **white** Birth-place **Md**

Occupation **Carpenter** Where Residing if not at place of death **—**

Married, Single or Widowed **Married** Name of Wife or Husband **Susanah B. Mace**

Father's Name **Jacob Mace** Father's Birthplace **Md**

Mother's Maiden Name **Sarah Reem** Mother's Birthplace **Md Va.**

Name of person giving information **Susanah Mace** How related to deceased **Wife**

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary **Alcoholism** How long **4 wks**

Immediate **Cardiac Exhaustion** How long **12 hrs**

Are the name, age, sex, color, date and place correctly given above? **yes** Signature of Physician **A. P. Hammer**

Address **—**

Accident or Suicide? **—**

W
5/22/08

Name
in
Full

Aunie Elizabeth Malott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

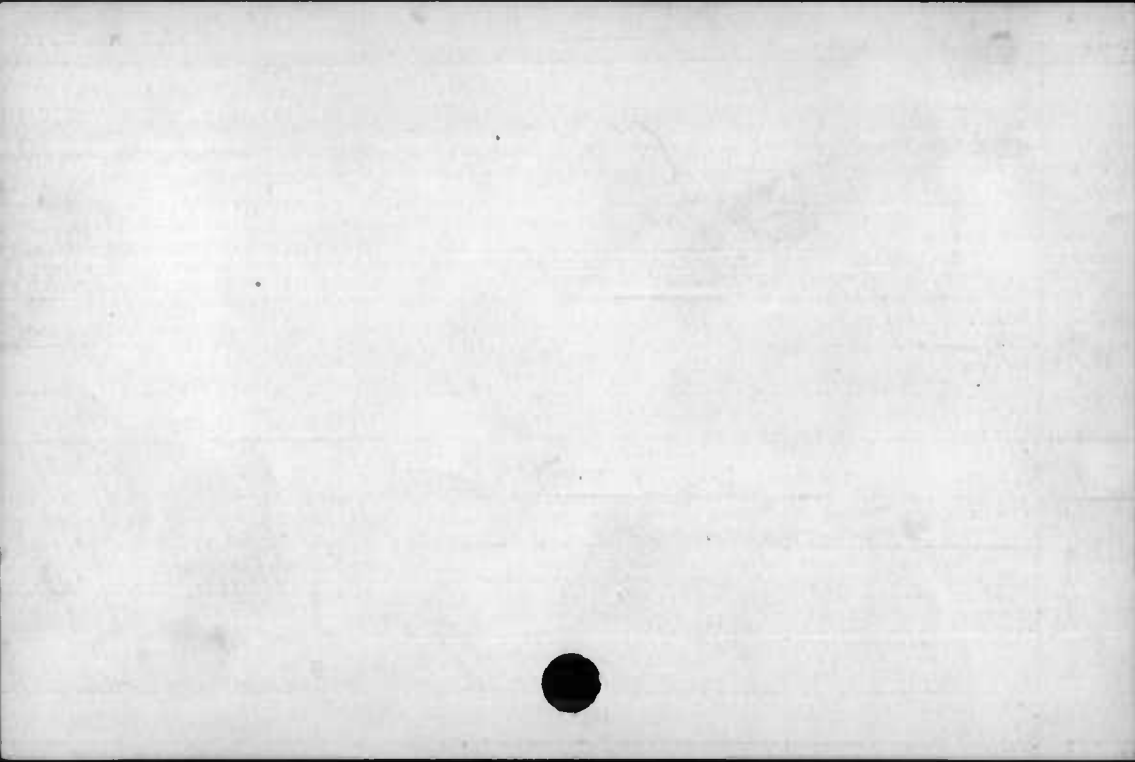
| | | | | | | | |
|---------------------------------------|--|---------------------------|--------------|---|-----------|--------------------------------------|-------------|
| Died at | | Town Williamsport | | County Washington | | MARYLAND | |
| Date of death | | 1908 | Month Apr | Day 13 | Age 18 | Years 2 | Months 7 |
| Sex Female | | Color or Race White | | Birth- place Williamsport | | | |
| Occupation Laborer | | | | Where Residing if not at place of death _____ | | | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband _____ | | | |
| Father's Name | | Elias Malott | | | | Father's Birthplace St James - | |
| Mother's Maiden Name | | Emma M. Knoble | | | | Mother's Birthplace Selmautown | |
| Name of person giving In formation | | Elias M. Malott | | | | How related to deceased Father | |

CAUSES OF DEATH

155

PHYSICIAN
OR CORONER

| | | | |
|---|-------------------------|-----------------------------|----------|
| Primary | Carbolic Acid Poisoning | How long | one hour |
| Immediate | Heart Failure | How long | Instant. |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes. | | W. F. Richardson | |
| | | Address Williamsport Md. | |
| Accident or Suicide? | | | |



| Name in Full | | Stanley W. Miller | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|---|--------------------|------------|---|-------------------------|----------------------|-------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Town Hagerstown | | County Washington | | MARYLAND | |
| | Date of death | 1908 | Month 4 | Day 7 | Age 5 | Years 11 | Months 4 |
| | Sex | Male | | Color or Race | White | | Birth-place |
| | Occupation | | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | — | | Name of Wife or Husband | | | |
| | Father's Name | Edward E. Miller | | | | Father's Birthplace | Md |
| | Mother's Maiden Name | Lucy Straley | | | | Mother's Birthplace | Md |
| Name of person giving information | Edward Miller | | | | How related to deceased | Father | |
| PHYSICIAN OR CORONER | Lacerated wound of upper eyelid, with contusion of surrounding tissue on parts. | | | | | | |
| | CAUSES OF DEATH | | | | | | |
| | Primary | Petals (traumatic) | | | | How long | 6 days |
| | Immediate | Convulsions | | | | How long | 6 days |
| | Are the name, age, sex, color, date and place correctly given above? | | | | yes | | |
| Signature of Physician | | | | S. W. Winstott | | | |
| Address | | | | Hagerstown Md | | | |
| Accident or Suicide? | | | | | | | |

Watkins
4/7

Name
in
Full

Abraham Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

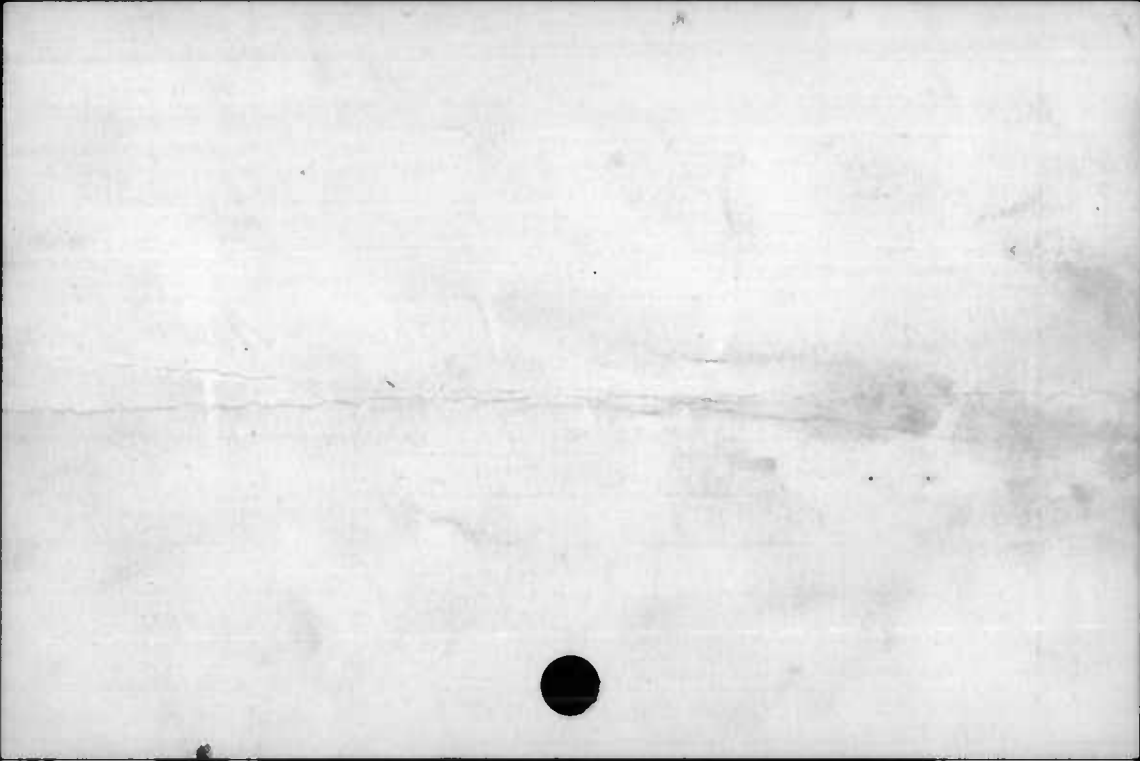
| | | | | | |
|--|---|--|-------------------------------------|-----------------|---------------|
| Died at <i>Indian-Spring</i> | | County <i>Washington</i> | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>4</i> | Day <i>21</i> | Age <i>75</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Indian-Spring</i> | | |
| Occupation <i>Farmer</i> | | Where Residing if not at place of death <i>Indian-Spring</i> | | | |
| Married, Single or Widowed | Name of Wife or Husband <i>Elizabeth Mills</i> | | | | |
| Father's Name <i>James Mills</i> | Father's Birthplace <i>England</i> | | Mother's Birthplace <i>Maryland</i> | | |
| Mother's Maiden Name <i>Hetty Hose</i> | Name of person giving information <i>Levi Mills</i> | | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Chronic Dyspepsia</i> | How long <i>5 years</i> |
| Immediate <i>Gastritis</i> | How long <i>2 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>L. M. Fisher</i> |
| | Address <i>Big Pool Maryland</i> |
| Accident or Suicide? <i>Q</i> | |



Name
In
Full

Lucretia Blanch Moffett

CERTIFICATE OF DEATH

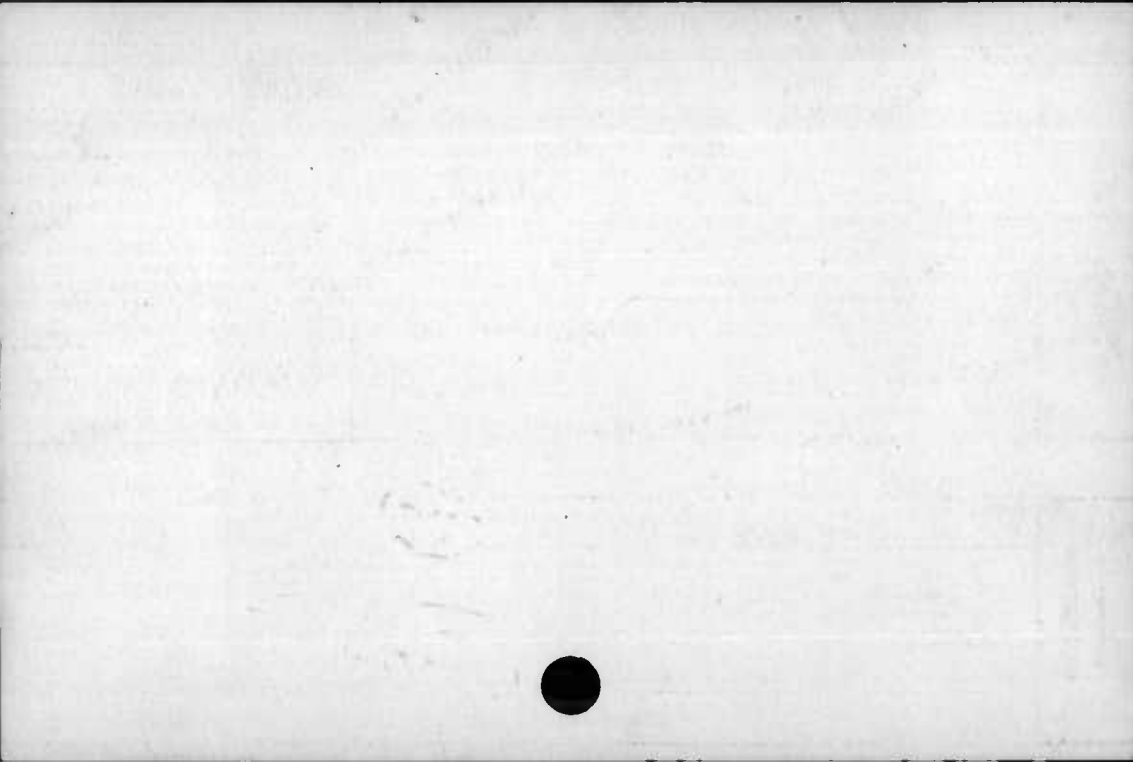
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|-----------------|--|--------------|---|------------------|
| Died at <i>Millstone</i> ^{Town} | | <i>Washington</i> ^{County} | | MARYLAND | |
| Date of death | <i>1908</i> | Month | <i>4</i> | Day | <i>13</i> |
| Age | | <i>28</i> | Years | Months | <i>0</i> |
| Sex | <i>Feminine</i> | Color or Race | <i>white</i> | Birth-place | <i>Millstone</i> |
| Occupation | | <i>Married</i> | | | |
| Where Residing if not at place of death | | | | | |
| Married, Single <i>Single</i> | | Name of Wife or Husband <i>Jep Moffett</i> | | | |
| Father's Name | | <i>Martin Luther Bachtele</i> | | Father's Birthplace <i>Millstone</i> | |
| Mother's Maiden Name | | <i>Catherine Kueffer</i> | | Mother's Birthplace <i>Franklin Co Pa</i> | |
| Name of person giving information | | <i>Mr L. Bachtele</i> | | How related to deceased <i>Father</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|---------------------|---|-----------|---------------|
| Primary | <i>Tuberculosis</i> | How long | <i>27</i> | <i>1 Year</i> |
| Immediate | | How long | | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>P. E. Higgins</i> | | |
| Address | | <i>P. E. Higgins</i> | | |
| Accident or Suicide? | | | | |



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs Louise Long Myers*

Died at *Green Spring* ^{Town} *Boak* ^{County}

Date of death *1908 April 7* ^{Month} ^{Day} Age *83* ^{Years} Months *6* Days *7*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *David Myers*

Father's Name *David Long* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Gletner* Mother's Birthplace *Ind*

Name of person giving information *Bettie Myers* How related to deceased *Daughter*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *Three months*

Immediate *Heart failure* How long *One week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Abram Shank* Address *Clearspring Ind*

Accidental or Suicidal?



Name
in
Full

Daniel W. C. Cramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|------------------|--------------------------|---|-------------|------|
| Died at <i>Hagerstown</i> | | County <i>Washington</i> | | MARYLAND | |
| Date of death | 1908 | Month | 4 | Day | 16 |
| Age | 39 | Years | | Months | |
| Sex | Male | Color or Race | White | Birth-place | W Va |
| Occupation | Saloon keeper | | Where Residing if not at place of death | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Catharine Cramer | | |
| Father's Name | Thomas Cramer | | Father's Birthplace | Ireland | |
| Mother's Maiden Name | Don't know | | Mother's Birthplace | Ireland | |
| Name of person giving information | Catharine Cramer | | How related to deceased | Wife | |

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

| | | | |
|--|--|------------------------|----------------------|
| Primary | <i>died suddenly, probably heart trouble</i> | How long | |
| Immediate | <i>found him dead.</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>E. G. Warham</i> |
| | | Address | <i>Hagerstown Md</i> |
| Accident or Suicide? | <i>No</i> | | |

Martinsburg

Name
in
Full

George B. Oswald

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

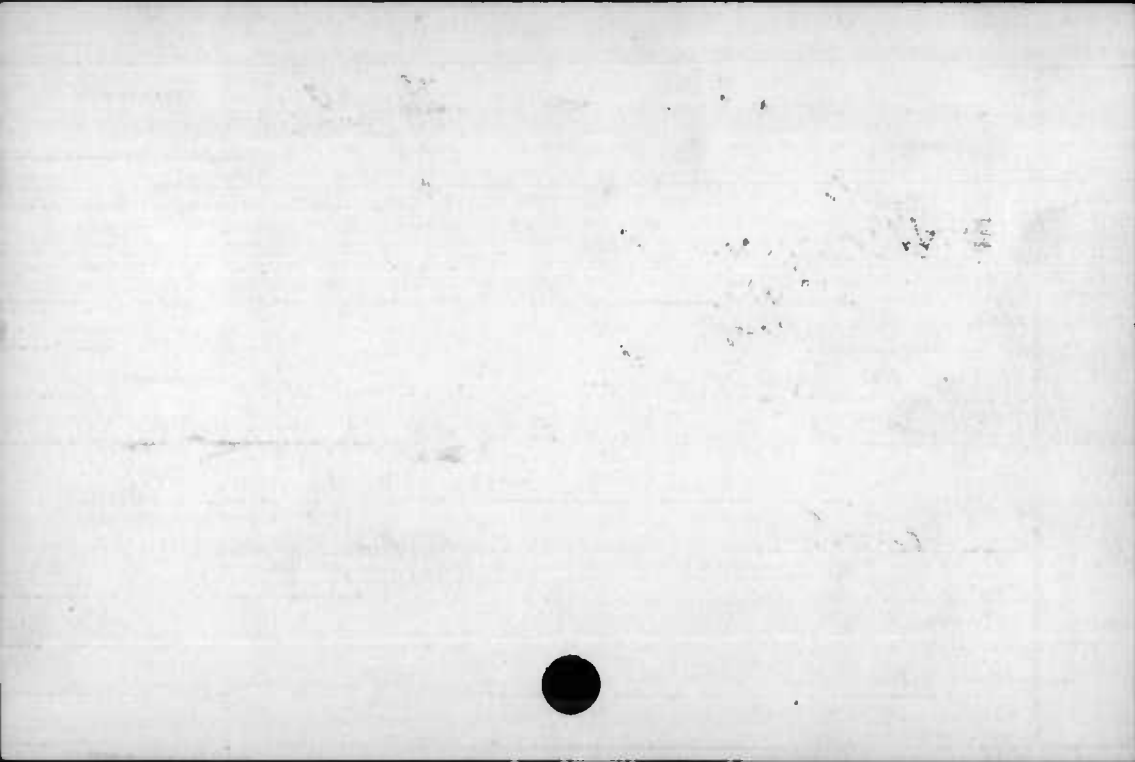
| | | | | | |
|---|--|--------------------|-------------------------|-----------------|---------------|
| Died at <i>Hagerstown</i> | | County <i>Wash</i> | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>11</i> | Day <i>26</i> | Age <i>65</i> | Months <i>4</i> | Days <i>2</i> |
| Sex <i>male</i> | Color or Race <i>white</i> | | Birth-place <i>Ind.</i> | | |
| Occupation <i>Clerk of County Court</i> | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>Lelia Firey Oswald.</i> | | | | |
| Father's Name <i>David Oswald</i> | Father's Birthplace <i>Ind.</i> | | | | |
| Mother's Maiden Name <i>Susan Beard</i> | Mother's Birthplace <i>"</i> | | | | |
| Name of person giving information <i>E. A. Oswald</i> | How related to deceased <i>son</i> | | | | |

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Protruded dilatation of heart</i> (<i>no previous sickness of any kind</i>) | How long <i>for some years.</i> |
| Immediate <i>Acute heart failure causing edema of lungs</i> | How long <i>5 or 10 minutes</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician |
| <i>No</i> | Address <i>J. W. Hummichouse</i> <i>Hagerstown, Md.</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Unnamed Child Harry C. Ridenour

| | | | | | |
|--|--------------------------|---|--|-------------------------------|--------------------------------|
| Died at <u>Hoyersville</u> <small>Town</small> | | <u>Washington</u> <small>County</small> | | MARYLAND | |
| Date of death | <u>1908</u> | <u>4</u> <small>Month</small> | <u>8</u> <small>Day</small> | <u>-</u> <small>Years</small> | <u>-</u> <small>Months</small> |
| Sex | <u>Male</u> | Color or Race | <u>White</u> | Birth-place | <u>Ind</u> |
| Occupation | <u>-</u> | | Where Residing if not at place of death <u>-</u> | | |
| Married, Single or Widowed | <u>-</u> | | Name of Wife or Husband <u>-</u> | | |
| Father's Name | <u>Harry C. Ridenour</u> | | | Father's Birthplace | <u>Ind</u> |
| Mother's Maiden Name | <u>Mary Lerr</u> | | | Mother's Birthplace | <u>Pa</u> |
| Name of person giving information | <u>Harry C. Ridenour</u> | | | How related to deceased | <u>Father</u> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------|---|----------|
| Primary | <u>Stitch born</u> | How long | <u>-</u> |
| Immediate | <u>-</u> | How long | <u>-</u> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <u>W. Preston Miller</u> | |
| <u>Yes</u> | | Address <u>-</u> | |
| Accident or Suicide? <u>-</u> | | | |

Lodjman
Rose Hill

4/10/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--------------------|---------------------------------|-------------------------|-------------|------|
| Died ^{Town} near Leesboro | | ^{County} Wash. | | MARYLAND | |
| Date of death | 1908 | Month | 4 | Day | 2 |
| Age | | Years | | Months | Days |
| 22 | | 5 | | 14 | |
| Sex | female | Color or Race | white | Birth-place | Va. |
| Occupation | H. W. | | | | |
| Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | married | Name of Wife Husband | Clarence Scibert | | |
| Father's Name | Daniel M. Buchanan | | Father's Birthplace | Md. | |
| Mother's Maiden Name | Louisa J. Bricker | | Mother's Birthplace | Penn. | |
| Name of person giving information | D. M. Buchanan | | How related to deceased | father. | |

CAUSES OF DEATH

110

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------------|------------------|--------|
| Primary | Acute Yellow Atrophy of Liver | How long | 6 days |
| Immediate | Cardiac Failure | How long | 1 day |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | D. C. R. Miller | |
| Address | | Mason Dixon, Pa. | |
| Accident or Suicide? | | No | |

Broadfaring

Inter

Name in Full

Naomis Shettel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

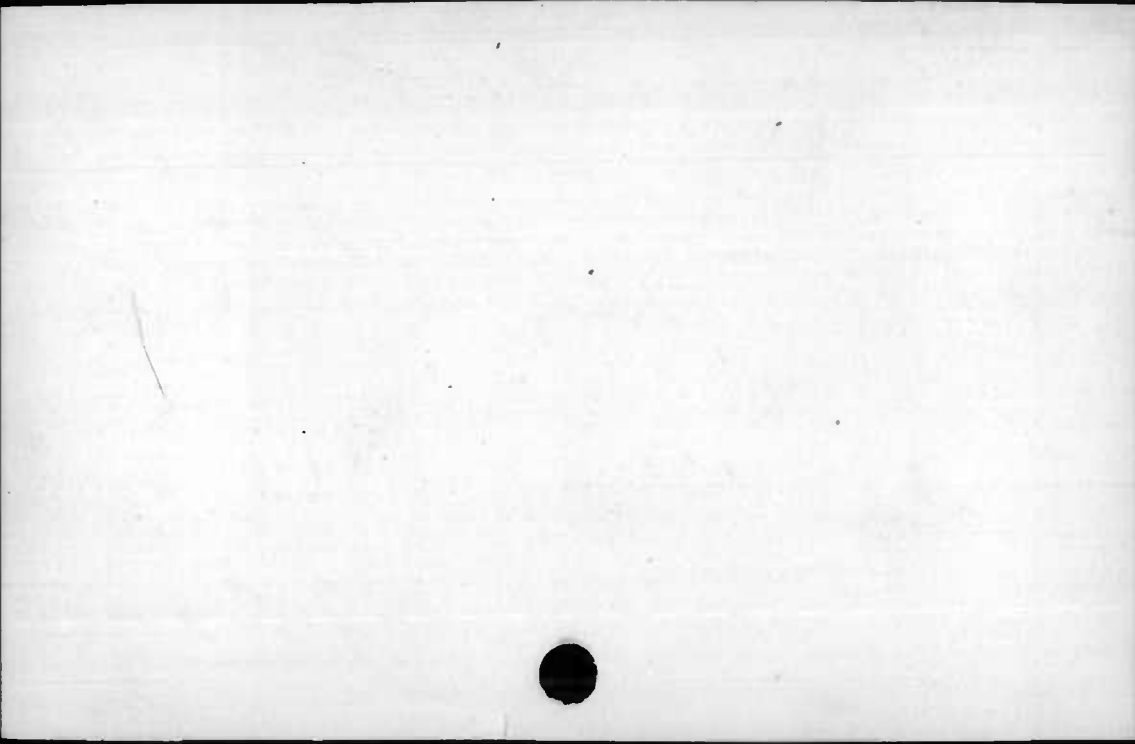
| | | | | | | | |
|--|----------------------------|------------------------|---|---|----------|-----------------|--------|
| Died at <i>Brownboro</i> | | Town <i>Washington</i> | | County | | MARYLAND | |
| Date of death | <i>1908</i> | Month <i>April</i> | Day <i>14</i> | Age | <i>2</i> | Years <i>13</i> | Months |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Brownboro Md.</i> | | | | |
| Occupation | | | Where Residing if not at place of death <i>Brownboro, Md.</i> | | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| Father's Name <i>J. A. Shettel</i> | | | | Father's Birthplace <i>Pennsylvania</i> | | | |
| Mother's Maiden Name <i>Elizabeth J. Crowl</i> | | | | Mother's Birthplace <i>Pennsylvania</i> | | | |
| Name of person giving information <i>J. A. Shettel</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------------------|--|---------------|
| Primary | <i>Catarrhal Congestion Lung</i> | How long | <i>4 days</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>W. E. Wheeler M.D.</i> | |
| <i>Yes</i> | | Address <i>Brownboro Washington Co.</i> | |
| Accident or Suicide? | | | |



Time
in
Full

Catherine Shornaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

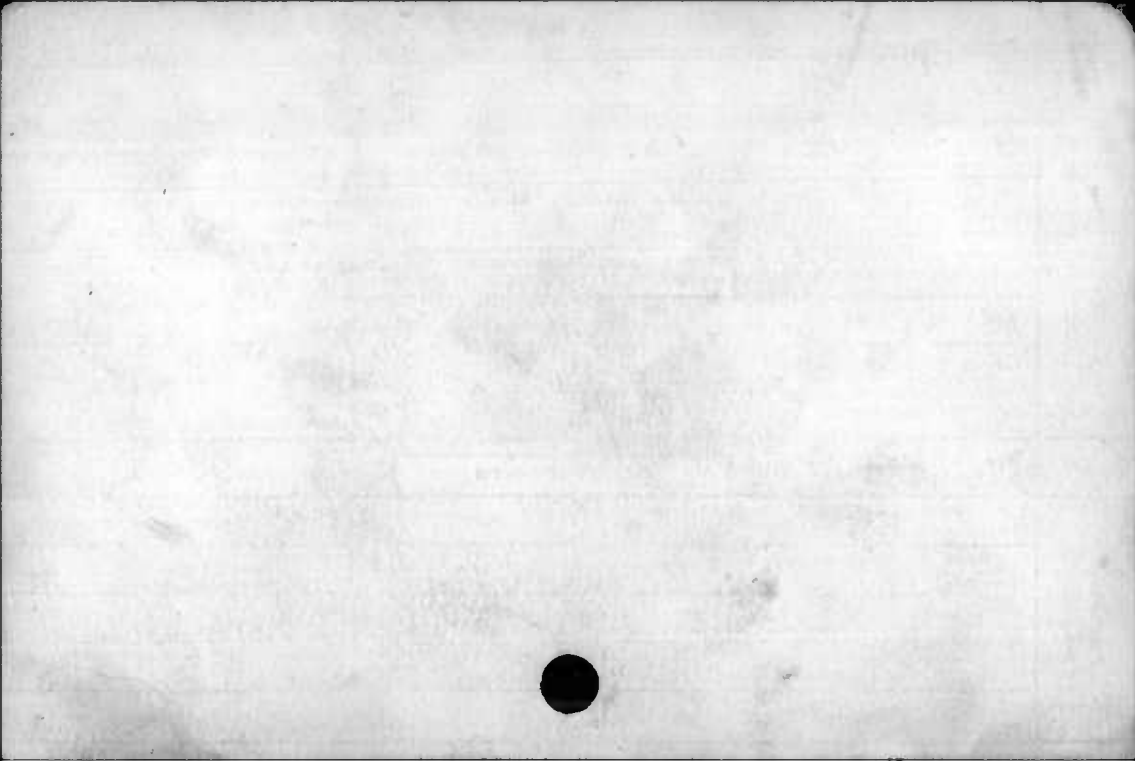
| | | | | | |
|---|----------------------------|--|--|-----------------|----------------|
| Died at <i>Hancock</i> Town | | <i>Washington</i> County | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>4th</i> | Day <i>21st</i> | Age <i>66</i> | Months <i>—</i> | Days <i>27</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth place <i>Mash. Co. Md.</i> | | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death <i>at place of death</i> | | | |
| M arried, Single or Widowed | | Name of Wife or Husband <i>Shos. Shornaker</i> | | | |
| Father's Name <i>Adam Mc Carthy</i> | | | Father's Birthplace <i>Mash Co Md.</i> | | |
| Mother's Maiden Name | | | Mother's Birthplace | | |
| Name of person giving information <i>Harry Meller</i> | | | How related to deceased <i>no relation</i> | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pulmonary Tuberculosis</i> | How long <i>Two years</i> |
| Immediate <i>Respiratory failure</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>M. J. Brown M.D.</i> |
| | Address <i>Hancock Md.</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|--------------------------------|----------------------------|----------------------------|--------------------------|
| Died at <i>Hagerstown</i> ^{Town} | | <i>Wash,</i> ^{County} | | | |
| Date of death <i>1908</i> | <i>4</i> ^{Month} | <i>28</i> ^{Day} | <i>72</i> ^{Years} | <i>2</i> ^{Months} | <i>3</i> ^{Days} |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Md</i> | | | |
| Occupation <i>Housewife</i> | Where Residing If not at place of death <i>_____</i> | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Nicholas Shrader</i> | | | | |
| Father's Name <i>Isaac Hildebrand</i> | Father's Birthplace <i>Md</i> | | | | |
| Mother's Maiden Name <i>Elizabeth Thaffenbagen</i> | Mother's Birthplace <i>Md</i> | | | | |
| Name of person giving information <i>Nicholas Shrader</i> | How related to deceased <i>Husband</i> | | | | |

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Paralysis -</i> | How long <i>several years</i> |
| Immediate <i>Exhaustion</i> | How long <i>Indistinct</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Wm. R. Baggett</i> |
| <i>I</i> | Address <i>Hagerstown Md</i> |
| Accident or Suicide? <i>No</i> | |

City

Name
in
Full

Kenneth Milford Shumaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|---|---|-----------------------------------|--|
| Died at ^{Town} <i>Sandy Hook</i> ^{County} <i>Washington</i> | | MARYLAND | |
| Date of death | Month <i>April</i> Day <i>19</i> Age <i>3</i> Years | Months <i>4</i> Days <i>19</i> | |
| Sex <i>male</i> | Color or Race <i>white</i> | Birth-place <i>Sandy Hook Md.</i> | |
| Occupation <i>infant</i> | Where Residing if not at place of death <i>Sandy Hook Md.</i> | | |
| Married, Single or Widowed | Name of Wife or Husband | | |
| Father's Name <i>Lehas L. Shumaker</i> | Father's Birthplace <i>Va.</i> | | |
| Mother's Maiden Name <i>Rinos Riley</i> | Mother's Birthplace <i>Va.</i> | | |
| Name of person giving information <i>Lehas L. Shumaker</i> | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONERPrimary *Pleuro Pneumonia*Immediate *Empyema*

Are the name, age, sex, color, date and place correctly given above?

Yes.

Accident or Suicide?

no

Signature of Physician

Address

D. B. Parson M.D.
Harkers Ferry W. Va.



Name
in
Full

Mary Ellen Sigler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|--------------------------|---|---|-------------------------|---------------------------|
| Died <i>Smithsburg</i> Town | | <i>Washington</i> County | | MARYLAND | |
| Date of death | 1908 | Month | <i>April</i> | Day | <i>13</i> |
| Age | <i>71</i> | Years | | Months | <i>6</i> |
| Sex | <i>Female</i> | Color or Race | <i>White</i> | Birth-place | <i>Hedgesville W. Va.</i> |
| Occupation | <i>Housewife</i> | | Where Residing if not at place of death <i>Smithsburg Md.</i> | | |
| Married, Single or Widowed | <i>Married</i> | Name of Wife or Husband <i>John J. Sigler</i> | | | |
| Father's Name | <i>Leonard Howard</i> | | | Father's Birthplace | <i>unknown W. Va.</i> |
| Mother's Maiden Name | <i>Mary Ellen Howard</i> | | | Mother's Birthplace | <i>Hedgesville W. Va.</i> |
| Name of person giving information | <i>Jos. P. Sigler</i> | | | How related to deceased | <i>Son</i> |

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

| | | | |
|---|--------------------------------------|--|------------------|
| Primary | <i>Ulcerations of scalp and body</i> | How long | <i>Two weeks</i> |
| Immediate | <i>Oedema of lungs</i> | How long | <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Dr. M. D. Kefauver</i> | |
| Accident or Suicide? | | Address <i>Smithsburg (Over) Maryland</i> | |

"Falling down a stairway and striking his
head on a step which tore off part of
scalp from the skull."

Name
in
Full

CERTIFICATE OF DEATH

Samuel Slayman

Town

County

Died at

Hancock

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

4

28

Age

66

4

13

Sex

Male

Color or
Race

White

Birth-
place

Penna

Occupation

Mason

Where Residing if not
at place of death

Did at Home

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary W Slayman

Father's
Name

James Slayman

Father's
Birthplace

Scotland

Mother's
Maiden Name

Mary W Slayman

Mother's
Birthplace

Pa

Name of person giving
In formation

Cassie Slayman

How related
to deceased

Daughter

CAUSES OF DEATH

27

Primary

Purumonic Phthisis

How long

1 week

Immediate

Apnoea

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

James West

Hancock

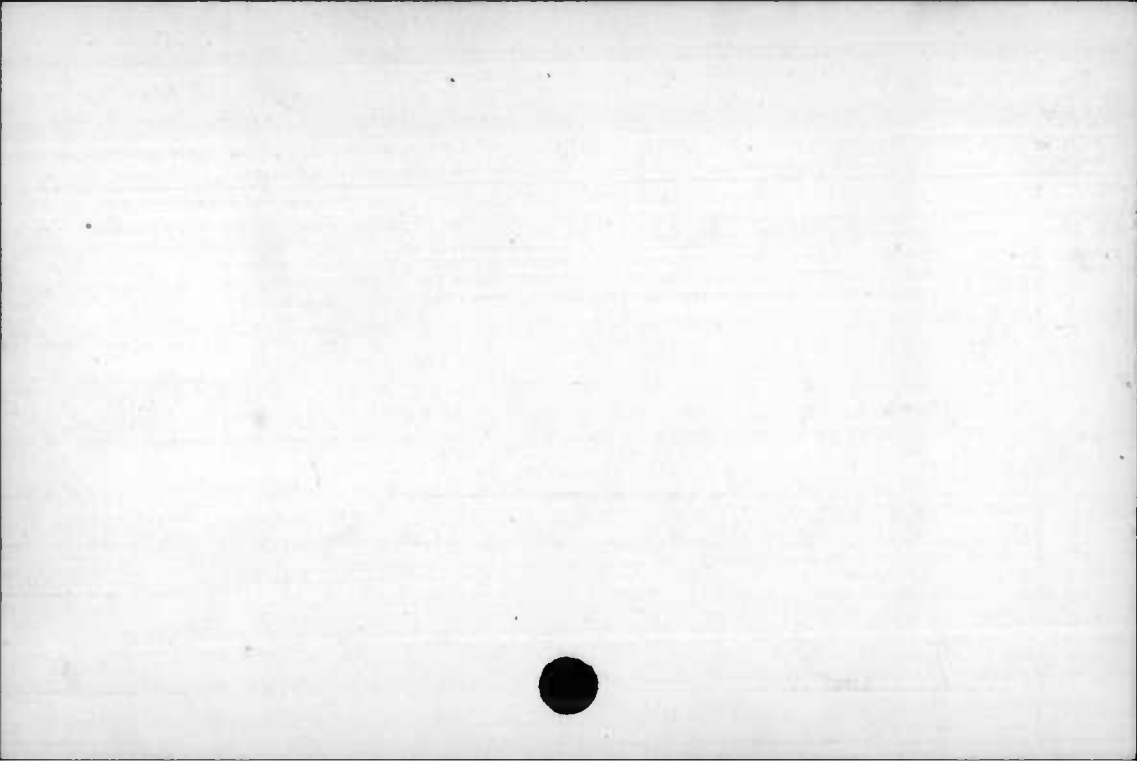
Me

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

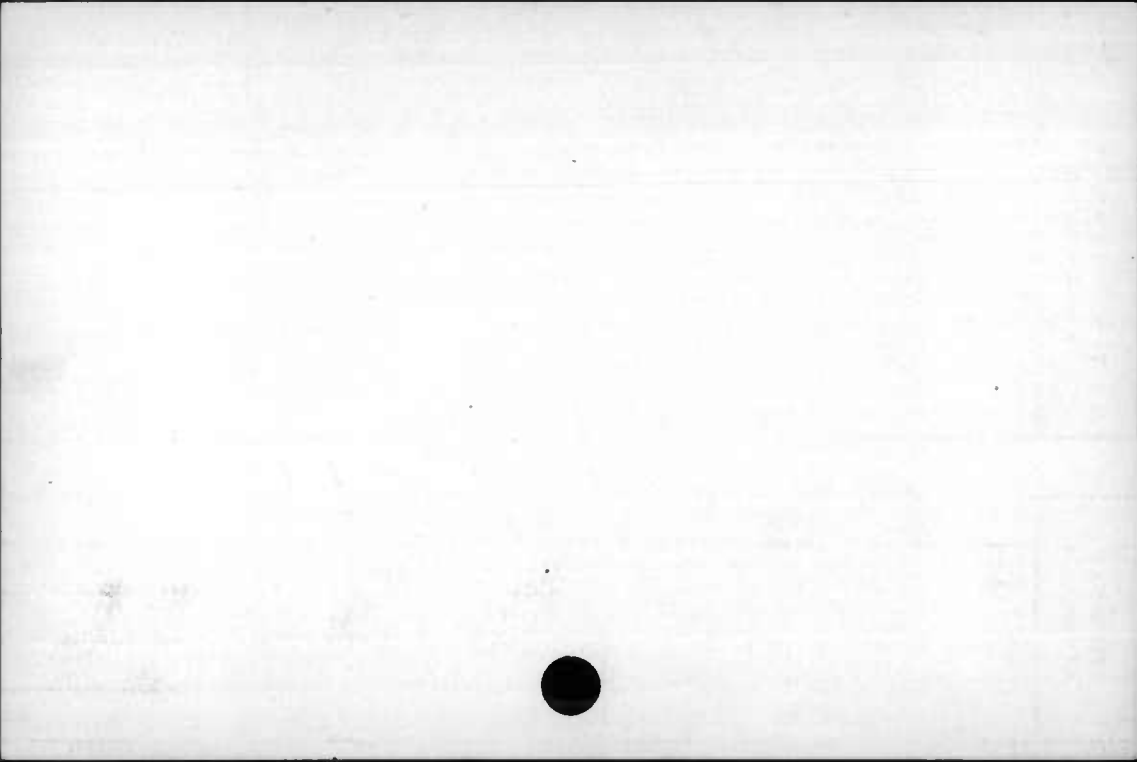
| | | | | | |
|---|---|---------------------|-------------------------------|--------------|--|
| Died at <i>Greensburg</i> Town | | <i>Smith</i> County | | MARYLAND | |
| Date of death | <i>1908</i> | Month <i>April</i> | Day <i>12</i> | Age <i>—</i> | Years <i>—</i> Months <i>—</i> Days <i>—</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Greensburg</i> | | |
| Occupation <i>none</i> | Where Residing if not at place of death <i>Greensburg</i> | | | | |
| Married , Single <i>or Widowed</i> | Name of Wife or Husband <i>none</i> | | | | |
| Father's Name <i>Leaves F Smith</i> | Father's Birthplace <i>Mount Zion Md</i> | | | | |
| Mother's Maiden Name <i>Berthas V Brown</i> | Mother's Birthplace <i>Pleasant Valley</i> | | | | |
| Name of person giving information <i>Leaves F Smith</i> | How related to deceased <i>Father</i> | | | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Premature Birth</i> | How long <i>—</i> |
| Immediate <i>Exhaustion</i> | How long <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Dr. J. D. Kefauver</i> |
| <i>9</i> | Address <i>Smithsburg</i> |
| | <i>Maryland</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Jane Smith* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* *Washington*

Date of death *1908* Month *4* Day *6* Age *70* Years Months *1* Days *29*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *David Smith*

Father's Name *Emanuel Jacobs* Father's Birthplace *Md*

Mother's Maiden Name *Melba Cheaney* Mother's Birthplace *Md*

Name of person giving information *Amanda Smith* How related to deceased *Saughter*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *La Grippe* How long *About 2 mos*

Immediate *Heart Failure* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. M. Schindel M.D.*

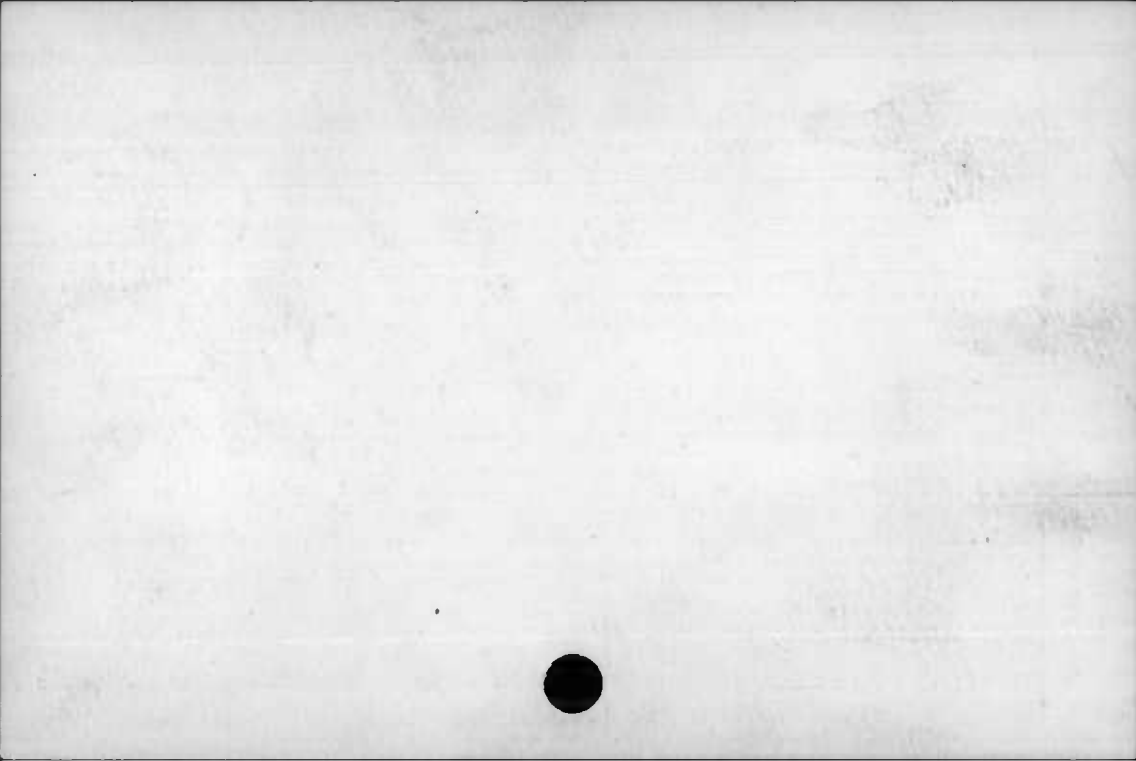
Address *Hagerstown, Md.*

Accident or Suicide? *9*

Watkins

Apr. 6/08

| Name in Full | | MARGARET SMITH | | | | CERTIFICATE OF DEATH | |
|---|--|---|----------------|-------------------------|--------------------------------------|----------------------|---------------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Town Beltvue | | County Washington | | MARYLAND | |
| | Date of death | 1908 | Month April | Day 7 | Age 75 | Years -- | Months -- |
| | Sex | Female | | Color or Race | White | | Birth-place Smithburg. |
| | Occupation | Where Residing if not at place of death | | | | | |
| | Married, Single or Widowed | Married | | Name of Wife or Husband | George Smith | | |
| | Father's Name | Mr. Flora | | | | Father's Birthplace | Smithburg |
| | Mother's Maiden Name | Don't know | | | | Mother's Birthplace | -- |
| Name of person giving information | Mrs. Marshall | | | | How related to deceased | Daughter | |
| <div>CAUSES OF DEATH</div> <div>154</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Diphtheria | | | | How long | |
| | Immediate | Exhaustion | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician L. M. Webb | | |
| | | | | | Address Hagerstown | | |
| <div>Accident or Suicide?</div> | | | | | | | |



Name
in
Full

Ethel Speaks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|-------------------------------------|------------------------|--------------------|---------------------------------------|
| Died at ^{Town} <i>Hagerstown</i> | | ^{County} <i>Washington</i> | | MARYLAND | |
| Date of death | 190 ⁸ | Month ⁴ | Day ²⁴ | Age ⁹ - | Months [—] Days [—] |
| Sex <i>Female</i> | Color or Race <i>Colored</i> | | Birth-place <i>Ind</i> | | |
| Occupation <i>—</i> | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>—</i> | | | | |
| Father's Name <i>George Speaks</i> | Father's Birthplace <i>Ind</i> | | | | |
| Mother's Maiden Name <i>Georgia Bullett</i> | Mother's Birthplace <i>Ind</i> | | | | |
| Name of person giving information <i>Georgia Speaks</i> | How related to deceased <i>Mother</i> | | | | |

CAUSES OF DEATH

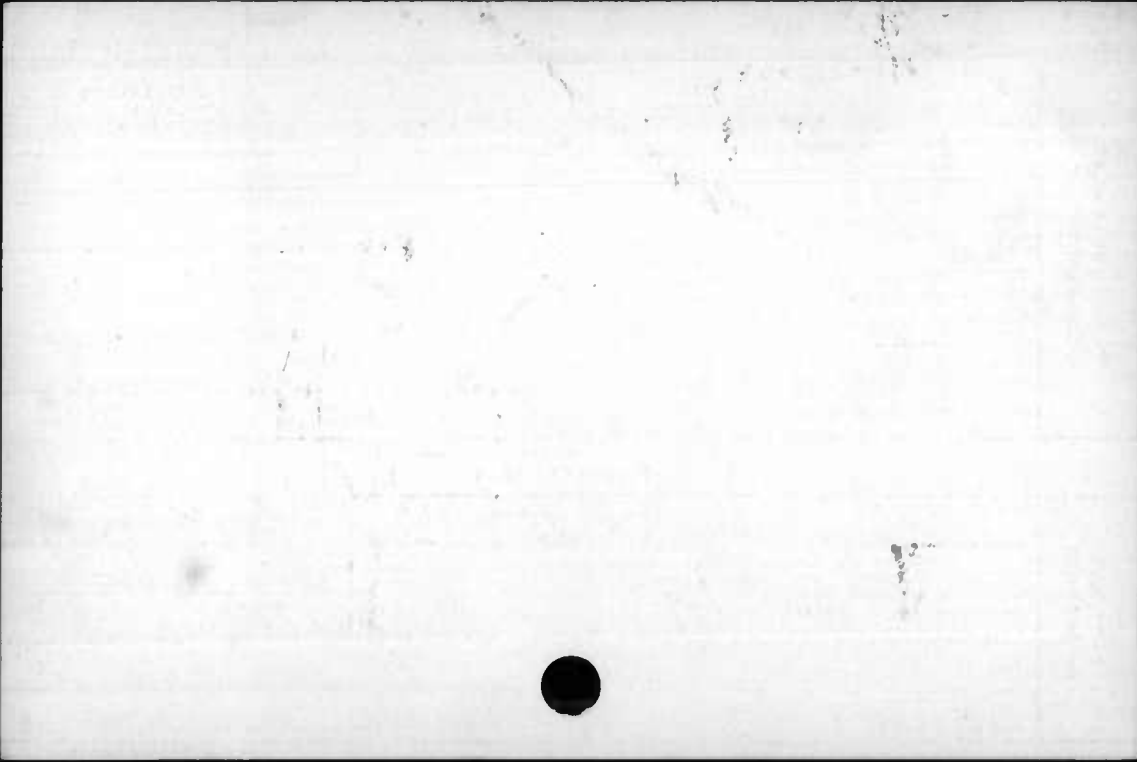
8

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>whooping cough</i> | How long <i>2 months</i> |
| Immediate <i>Pneumonia complication</i> | How long <i>1 week</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>A. B. Wilson M.D.</i> |
| | Address <i>159 1/2 N. Jonathan St.</i> |
| Accident or Suicide? <i>no</i> | <i>Hagerstown Md.</i> |

Esperance
1200/2009

| Name in Full | | Charles Henry Sutton | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|---|--|---|--|--|--|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>Hancock</i> | | Town <i>Washington</i> | | COUNTY | |
| | | Date of death <i>1908 April 22</i> | | Age <i>71</i> | | Months <i>4</i> Days <i>9</i> | |
| | | Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Hancock Md.</i> | |
| | | Occupation <i>Mechanic</i> | | Where Residing if not at place of death <i>Died at Home</i> | | | |
| | | Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Margaret A. Sutton</i> | | | |
| | | Father's Name <i>Unknown</i> | | Father's Birthplace <i>Unknown</i> | | | |
| | | Mother's Maiden Name <i>Elizabeth Sutton</i> | | Mother's Birthplace <i>Hancock Md.</i> | | | |
| | | Name of person giving information <i>Margaret A. Sutton</i> | | How related to deceased <i>Wife</i> | | | |
| PHYSICIAN OR CORONER | | <i>Dr. Tabler</i> | | CAUSES OF DEATH | | <div style="border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">154</div> | |
| | | Primary <i>General Senility</i> | | | | How long <i>about 3 years</i> | |
| | | Immediate <i>Complete Emaciation</i> | | | | How long <i>Two weeks</i> | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>H. E. Tabler</i> | | | |
| | | | | Address <i>Hancock, Md.</i> | | | |
| | | Accident or Suicide? <i>—</i> | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|--|---------------|-----------------------|-------------------------|
| Died at <i>Clearspring</i> Town | | <i>Washington</i> County | | MARYLAND | |
| Date of death <i>1908</i> | | Month <i>April</i> | Day <i>30</i> | Age <i>68</i> Years | Months _____ Days _____ |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Va</i> | |
| Occupation <i>Farmer.</i> | | Where Residing if not at place of death <i>Clearspring</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband _____ | | | |
| Father's Name <i>Casper Swope.</i> | | Father's Birthplace <i>Germany</i> | | | |
| Mother's Maiden Name <i>Dora Dable.</i> | | Mother's Birthplace <i>Germany.</i> | | | |
| Name of person giving information <i>Mrs David Houck.</i> | | How related to deceased <i>Sister.</i> | | | |

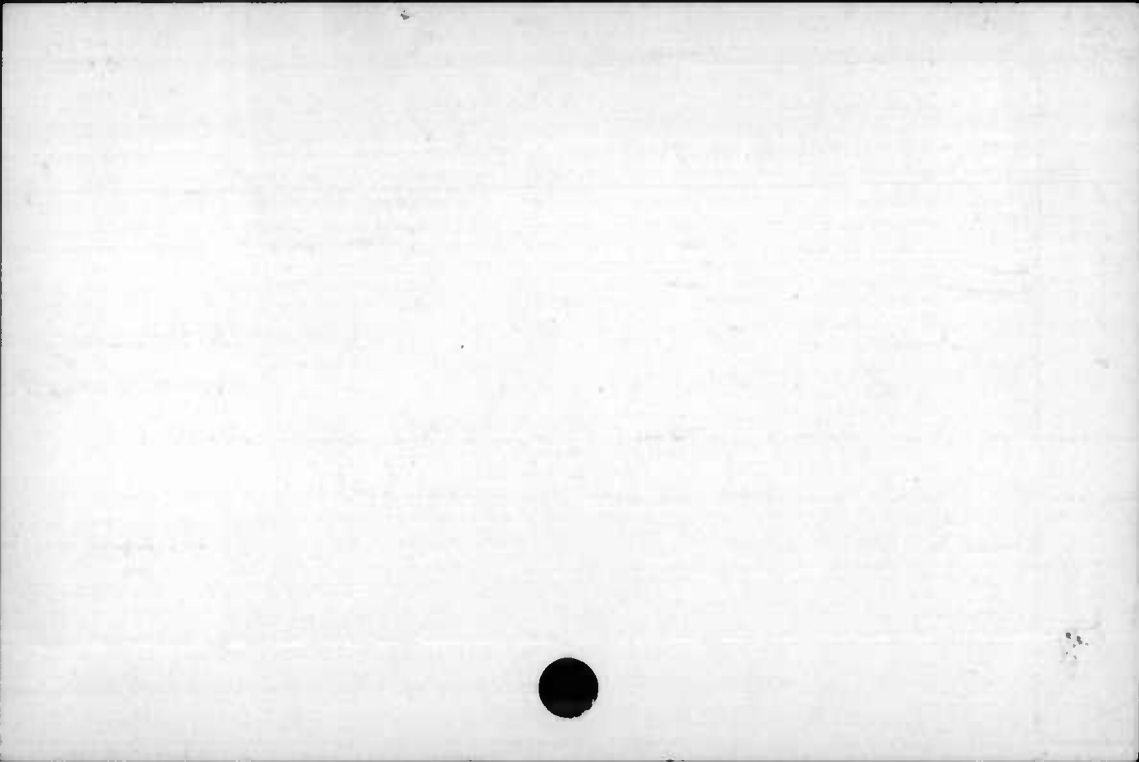
Cancer destroyed inferior maxillary bone.

CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------------------|--|-------------------|
| Primary | <i>Cancer of the face.</i> | How long | <i>Six months</i> |
| Immediate | <i>Exhaustion on left side.</i> | How long | <i>One month</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | <i>Abraham Shank</i> | |
| Address | | <i>Clearspring</i> <i>Washington Dc</i> | |
| Accident or Suicide? | | <i>No</i> | |



Name
in
Full

William Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|------------------------------|-------------------------------------|---|----------|------|
| Died at <u>Bagerstown</u> ^{Town} | | <u>Washington</u> ^{County} | | MARYLAND | |
| Date of death <u>1908</u> | <u>4</u> ^{Month} | <u>3</u> ^{Day} | Age <u>15</u> ^{Years} | Months | Days |
| Sex <u>Male</u> | Color or Race <u>Colored</u> | | Birth-place <u>md</u> | | |
| Occupation <u>Child</u> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband | | | |
| Father's Name <u>Wilton Taylor</u> | | | Father's Birthplace <u>Nd</u> | | |
| Mother's Maiden Name <u>Mary E. Crew</u> | | | Mother's Birthplace <u>md</u> | | |
| Name of person giving information <u>Mary Taylor</u> | | | How related to deceased <u>Mother</u> | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <u>Pulmonary Tuberculosis</u> | How long <u>6 wks</u> |
| Immediate <u>Cardiac Failure</u> | How long <u>10 days</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>B. M. Dugan</u> |
| <u>9</u> | Address <u>Bagerstown, md.</u> |
| Accident or Suicide? <u>No</u> | |

offered
highway

apr/4

Name in Full **Sampson Albert Traver**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

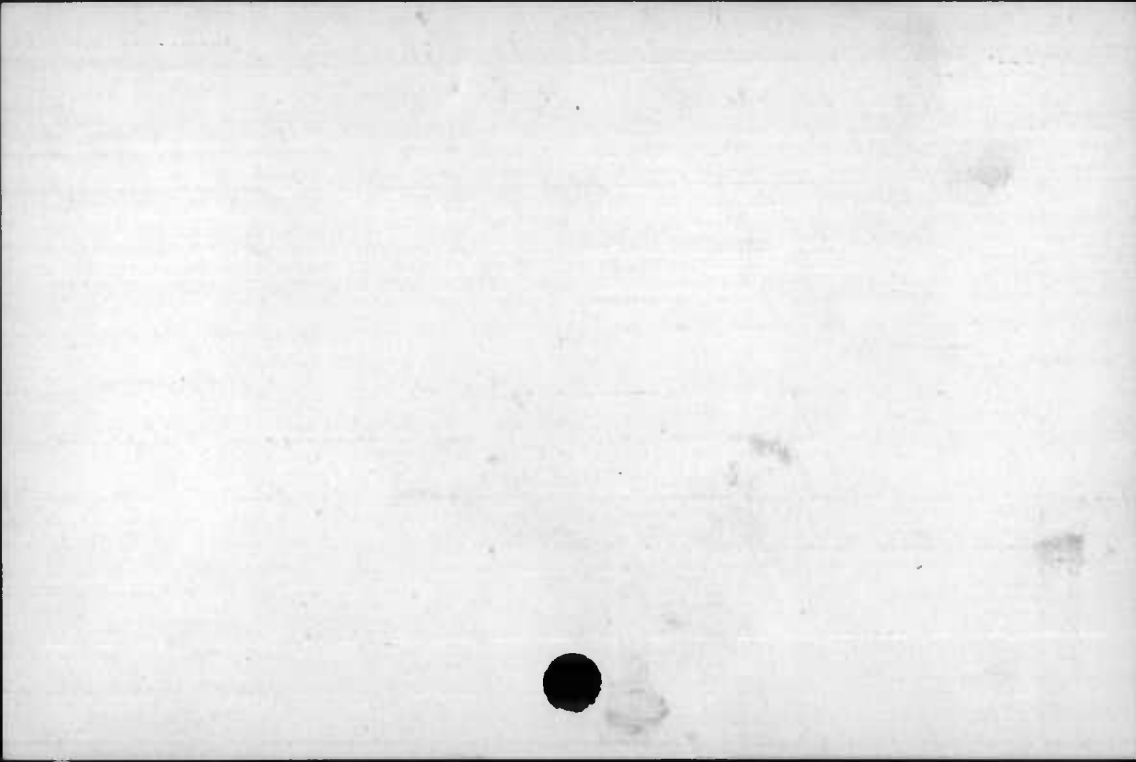
| | | | | | |
|---|--|---|--------------------------------|--------------------------------|------------------------------|
| Died at WilliamSPORT <small>Town</small> | | Washington <small>County</small> | | MARYLAND | |
| Date of death 1908 | Apr <small>Month</small> | 15 <small>Day</small> | 60 <small>Years</small> | 1 <small>Months</small> | 5 <small>Days</small> |
| Sex male | Color or Race White | Birth-place Fredrick B. Md. | | | |
| Occupation Farmer | | Where Residing if not at place of death | | | |
| Married, Single or Widowed Married | Name of Wife or Husband Sarah Reut. | | | | |
| Father's Name Fredrick R Traver | Father's Birthplace Bever Creek | | | | |
| Mother's Maiden Name Catharine Gaylor | Mother's Birthplace " " | | | | |
| Name of person giving information Zachariah Traver | | How related to deceased Bro | | | |

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary Pernicious Anaemia | How long 9 months |
| Immediate Exhaustion | How long 3 days |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician Ernest N. Gauthier |
| | Address WilliamSPORT Md. |
| Accident or Suicide? No | |



Name
in
Full

Mrs George Wallich

CERTIFICATE OF DEATH

Died at Chewsville

County Wash.

MARYLAND

Date
of death 1908

Month 4

Day 14

Age

Years 76

Months 3

Days 23

Sex

Female

Color or
Race

white

Birth-
place

Pennva.

Occupation

Lady of Leisure

Where Residing if not
at place of death

none

Married, Single
or Widowed

widow

Name of
Husband

Geo. Wallich

Father's
Name

James Wells

Father's
Birthplace

Pa.

Mother's
Maiden Name

Pauline Lowery

Mother's
Birthplace

Pa.

Name of person giving
Information

Mrs Joshua Eckstein

How related
to deceased

daughter

CAUSES OF DEATH

79

Primary

Aortic Insufficiency

How long

2 years

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W A Quinn

Address

Chewsville

Md.

Accident or Suicide?

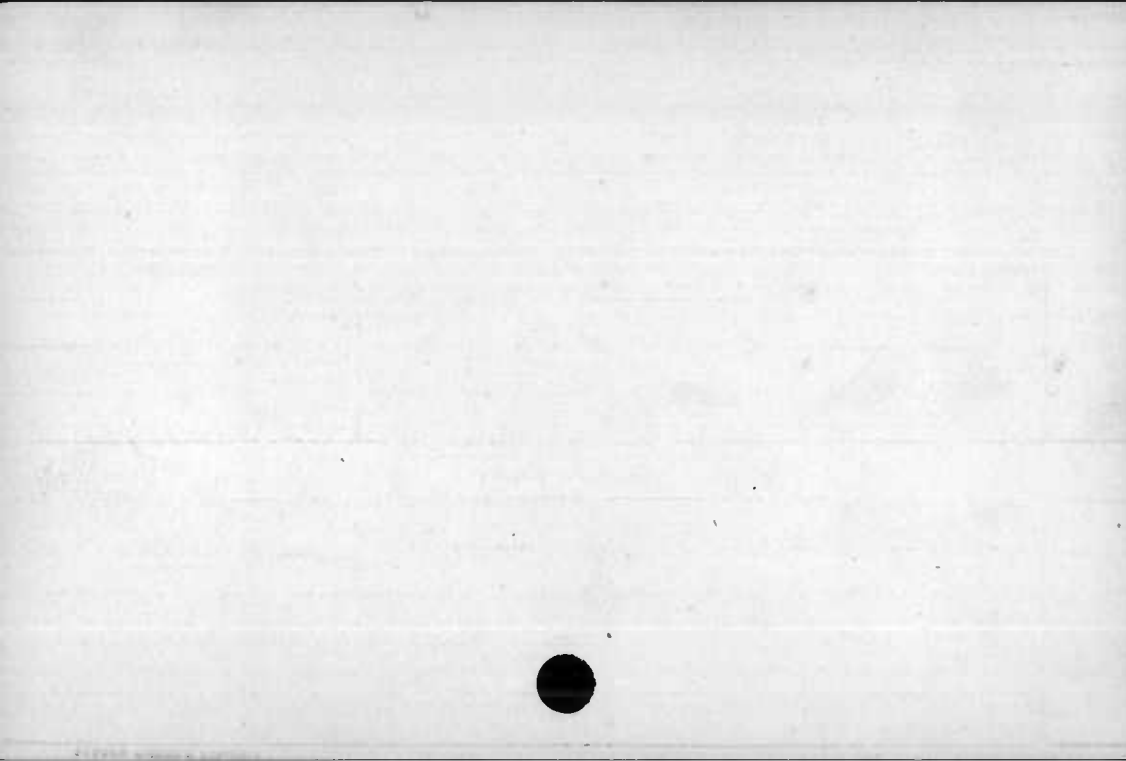
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Fahney Church

Suter

Apr. 17

| Name in Full | | Susanna Waigel | | | | CERTIFICATE OF DEATH | |
|--|--|------------------------------|---------|---|-----------------|----------------------|-------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Keadysville | | Washington | | MARYLAND | |
| | Date of death | 1908 | Month 4 | Day 12 | Age 82 | Years 10 | Months 6 |
| | Sex | Female | | Color or Race | White | | Birth-place |
| | Occupation | None | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | Single | | Name of Wife or Husband | | | |
| | Father's Name | Henry Miller | | Father's Birthplace | | | |
| | Mother's Maiden Name | Elizabeth Hoffman | | Mother's Birthplace | | | |
| | Name of person giving information | Joseph Waigel | | How related to deceased | | | |
| | | | | Keadysville | | John Waigel | |
| | | | | Germany | | Keadysville | |
| | | | | Son | | | |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center; border: 2px solid black; border-radius: 50%; width: 50px; margin: 0 auto; padding: 5px;">10</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | General Debility & La Grippe | | | | How long | |
| | Immediate | Bronchitis with Exacerbation | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | | | Yes | | |
| | Signature of Physician | | | | W. Arnold Green | | |
| | Address | | | | Sharpsburg Md | | |
| Accident or Suicide? | | | | | | | |



Name
in
Full

Infant

Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|----------------------------------|--|--------|-----------------|
| Died at <u>Brownsville</u> <u>Wash</u> | | Town | | County | |
| Date of death <u>1908</u> | Month <u>April</u> | Day <u>28</u> | Age | Years | Months <u>6</u> |
| Sex <u>male</u> | Color or Race <u>white</u> | Birth-place <u>Maryland</u> | | | |
| Occupation <u>✓</u> | | | Where Residing if not at place of death <u>✓</u> | | |
| Married, Single or Widowed <u>✓</u> | | Name of Wife or Husband <u>✓</u> | | | |
| Father's Name <u>Frank Wilson</u> | | | Father's Birthplace <u>Maryland</u> | | |
| Mother's Maiden Name <u>Mary Dagenhardt</u> | | | Mother's Birthplace <u>Maryland</u> | | |
| Name of person giving information <u>Arnon Dagenhardt</u> | | | How related to deceased <u>Grand father</u> | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

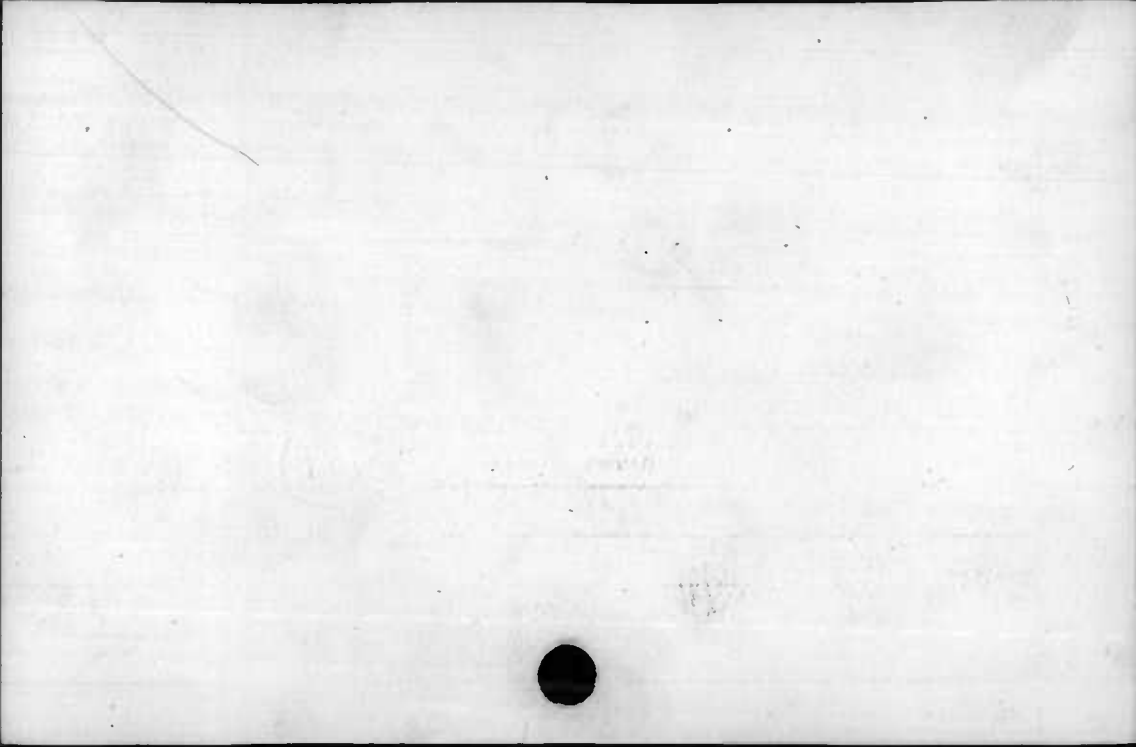
| | |
|------------------------------------|------------------------|
| Primary <u>Ichterus neonatorum</u> | How long <u>4 days</u> |
| Immediate <u>✓</u> | How long <u>✓</u> |

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. C. Wheeler M.D.
Address Brownsville

Accident or Suicide?

Ind.



Name
in
Full

Addie Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-----------------|---|---------|-------------------------|-------|
| Died at <i>Hagerstown</i> ^{Town} | | <i>Washington</i> ^{County} | | MARYLAND | |
| Date of death | 1908 | Month | 4 | Day | 15 |
| Age | 1 | Years | | Months | |
| Sex | Female | Color or Race | Colored | Birth-place | md |
| Occupation | Child | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | |
| Father's Name | William Taylor | | | Father's Birthplace | Ny |
| Mother's Maiden Name | Louisa Williams | | | Mother's Birthplace | md |
| Name of person giving information | Francis Dorsey | | | How related to deceased | Niece |

CAUSES OF DEATH

174

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------|------------------------|-----------------------------|
| Primary | <i>Asphyxia</i> | How long | — |
| Immediate | | How long | — |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | <i>J. M. Watz</i> |
| | | Address | <i>Hagerstown</i> (over) |
| Accident or Suicide? | | | |

By coal gas from stove. - Child was in a very
small room and stove had been opened, the
gas escaping, together with child lying on its face.

17

By gas
Hospitals

Name

in
Full

C Jas Giegler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | |
|--|--|
| Died at <i>Greencastle</i> Town <i>Greencastle</i> County <i>Putnam</i> <i>MARYLAND</i> | |
| Date of death <i>190</i> <i>29</i> Month <i>4</i> Day <i>8</i> Age <i>14</i> Years <i>31</i> Months Days | |
| Sex <i>Male</i> Color or Race <i>White</i> Birth-place <i>Leesburg Ind</i> | |
| Occupation <i>Farmer</i> Where Residing if not at place of death <i>Greencastle</i> | |
| Married, Single or Widowed <i>Married</i> Name of Wife or Husband <i>Rebecca</i> | |
| Father's Name <i>Josiah Giegler</i> Father's Birthplace <i>Lawrence Co Pa</i> | |
| Mother's Maiden Name <i>Mary C Gantz</i> Mother's Birthplace <i>Leesburg Ind</i> | |
| Name of person giving information <i>F. B. Giegler</i> How related to deceased <i>Son</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Pneumonia</i> | How long <i>10 Days</i> |
| Immediate <i>Exhaustion</i> | How long <i>1 Day</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>C. M. M. Wright</i> |
| | Address <i>Greencastle Pa</i> |
| Accident or Suicide? | |

Leitersburg